

HUMAN DEVELOPMENT

Volume 26 : Number One : Spring 2005

Sexual Addiction

A Faith That Works

Aging and Personal Strengths

A Gentle Healing

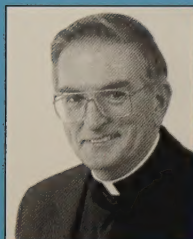
Suicide Survivors

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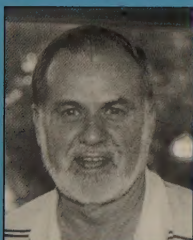
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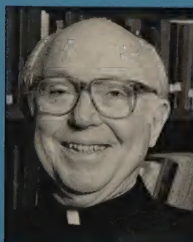
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HUMAN DEVELOPMENT

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Manuscripts are received with the understanding that they have not been previously published and are not currently under consideration elsewhere. Feature articles should be limited to 4,500 words (15 double-spaced pages), with no more than 6 recommended readings; filler items of between 500 and 1,000 words will be considered. All accepted material is subject to editing. When quoting the Bible, the New Revised Version of the Bible is preferred.

Authors are responsible for the completeness and accuracy of proper names in both text and bibliography. Acknowledgments must be given when substantial material is quoted from other publications. Provide author name(s), title of article, title of journal or book, volume number, page(s), month and year, and publisher's permission to use material.

Letters are welcome and will be published as space permits and at the discretion of the editors. Such communications should not exceed 600 words and are subject to editing.

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Editor's Page

"HERE'S LOOKING AT YOU, KID"

In the movie *Casablanca*, Humphrey Bogart holds up a glass of whiskey and, with a look of love, says to Ingrid Bergman, "Here's looking at you, kid!" I thought of this scene when a recent article pointed out a little-noticed, but highly significant suggestion in Ignatius' *Spiritual Exercises* for the beginning of every period of prayer:

One or two paces before the place where I have to contemplate or meditate, I shall stand for the space of an Our Father with my mind raised up to consider how God Our Lord looks at me, etc., and then make a gentle reflection or some other act of humility (n. 75).

That's a rather startling idea, that I should imagine God looking at me, perhaps with a smile, saying something like, "Here's looking at you, kid."

In the October 2004 issue of *The Way*, the journal of spirituality published by the British Jesuits, Robert R. Marsh describes how taking this suggestion seriously has changed his prayer. He had not begun praying with the felt belief that God is already looking at him, that is, engaged with him in a personal way. He presumes and, believe, rightly, that most of us act in a similar way. We talk to God, but we do not expect that God will respond, nor do we act as if we really believed that God has initiated the conversation before we ever begin to pray. To act on Ignatius' suggestion puts anyone praying in the position of acknowledging, from the outset, that prayer is a two-way engagement or relationship in which God has a stake prior to anything one does.

Ignatius' suggestion asks us to take seriously our belief that God is personal and wants to be in a personal relationship with us; also, that God is an active partner in our sojourn in this world. Marsh sums up his argument thus: "Ignatius' God is an active God, a God not content to be a distant observer, a God intimately engaged with every person who prays.... This God can be encountered, known. This God feels, acts, interacts. This God has personality."

We moderns find it difficult to believe that God is personal and is active in our world trying to engage every human being in a personal relationship. We are all immersed in a culture that does not take such a

belief seriously. Hence, we may pay lip service to this belief but, as Marsh found out about himself, not act as if we believed it. Marsh discovered, for example, that he had nothing to say when his spiritual director asked him how God reacted toward him while he was praying. He did not expect God to react personally toward him; hence, he did not wait for God's response to his prayer.

Many of us can empathize with him because we are in the same boat. We live in a culture that would find it strange for someone to believe that God actually communicates to him or her, and we have imbibed that culture, especially those of us with a higher education.

HUMAN DEVELOPMENT, now beginning its twenty-sixth year, has always sought to present the best of social science research and practice to help our readers in their ministry of fostering the full human development of God's people. We can and, indeed, must learn from the best that science can offer. God, who is active in our world, asks us to cooperate in that activity and to use our minds and hearts to discern how best to cooperate in it. But in our turn to modern science we must also be alert to the temptation of reducing everything to a scientific explanation. Christian (and Jewish) belief holds that God is active in our world; God's activity must have effects in our world and in us.

A couple of years ago I read *The Mystical Mind: Probing the Biology of Religious Experience* by Eugene d'Aquili and Andrew Newberg. It is a daunting read because of the neurobiology presented. The authors spent years testing serious practitioners of meditation and found a recurring, and unique, pattern of cortical and subcortical excitation of the brain in these adepts. Moreover, commitment to meditation had transformative effects on their brains. These authors write: "If we take external reality as primary for our ontology, then God appears to be 'hard-wired' into the brain." You might think they would then have gone on to explain away mystical states. Not so. Rather, they state that while they could not, as scientists, argue to the existence of the God these mystics believed they encountered, they also, as scientists, could not argue against God's existence. The facts unearthed by these scientists

can be interpreted as consistent with the hypothesis that these meditators experienced God; Christian (and Jewish) believers can make sense of these facts.

When I read the book I thought: Of course, if God is experienced, that experience must have some effect on our brains because everything we experience touches our brains. Then a further idea came. The scholastic theologians developed the concept of *potentia oboedientialis* to explain the incarnation. What they meant is that human nature, from creation, had to have the possibility of becoming one with God in the incarnation in order for the incarnation to occur. That potentiality would be there even if God had not wanted the incarnation. In the same way, I thought, our brains have to be “hard-wired” to receive God’s presence if God wants to be experienced by us. Believers need not be afraid of solid scientific inquiry about anything human. Perhaps trying Ignatius’ suggestion will bring about a shift in our way of relating to God, that is, in our prayer and, as a result, in our brain function.

Soon after I read the article I began my time of prayer by imagining God looking at me. Almost immediately I had the impression that God was waiting for me to become aware of God’s presence. It’s rather mind-boggling, isn’t it? God, the creator of the universe, is waiting for me to notice God’s presence. Not only that, but this waiting goes on all the time, at every moment of my existence. So at every moment of my day God is waiting for me to notice God’s presence. I have begun each period of prayer asking to be aware of God waiting for me. When I am not distracted by my own concerns and receive the grace I ask for, I become focused on God and God’s action in this world.

With this focus during the past Christmas season I was moved to the realization of the great risk God took in the incarnation; I felt that God breathed a sigh of relief when Jesus was born healthy. This then led me, after Christmas, to a sense of God’s sadness at Herod’s killing of the innocent baby boys of Nazareth, an “unintended consequence” of Jesus’ birth. I felt a deep sympathy for God. In a real sense, I found myself loving God more deeply because of this new turn in my prayer. Mind you, I would have said, and have indeed written, that God is always present and active in our world, but clearly I had not taken this to mean that God was waiting for me to notice that presence and activity. I was not acting as though I believed it. I hope that, with God’s help, I can keep this startling realization near to the forefront of my mind in the days to come.

In this issue you will read articles by people who believe in God’s activity in their lives. Sister Molly Monahan (a pseudonym) speaks unabashedly of how

God saved her from alcoholism. The spirituality of Alcoholics Anonymous and of other Twelve Step programs that derive from A.A. begins with the acknowledgement of helplessness before one’s addiction and the turn to a “Higher Power” who can and does save. Addicts have found that God is active, is there to provide the strength and the hope that they had not known was available to them. Every day members of A.A. thank God for their sobriety up to now and ask God to help them to stay sober through one more day. And they ask God to help them to follow through on the other steps of the Twelve Step program. In the process they become, as Monahan points out, joyful people.

Also in this issue an anonymous member of a men’s religious congregation writes how the Twelve Step program helped him to gain sobriety in the face of his sexual addiction. Again we see that the key point is to recognize the truth about oneself and to surrender oneself as one is to God for God’s saving help. All Twelve Step programs presume that God (or a “higher Power”) is an active player in this world and wants our freedom from disordered attachments so that we can engage in a meaningful personal relationship with God and with other people and can lead productive lives.

My article on the “default” image of God also presumes that God is actively working to draw people into a personal relationship. In the process of relating directly to God we find our distorted image of God is transformed by the actual experience of God.

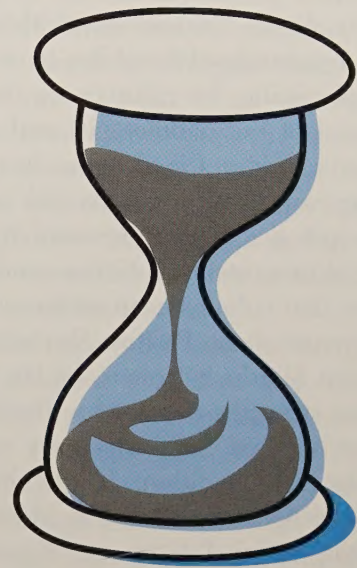
All of which brings us back to God “looking at” us, waiting for us to pay attention. We are made for friendship with God; hence, something in us yearns for this friendship. As Augustine wrote in his *Confessions*: “The thought of you stirs him [a human being] so deeply that he cannot be content unless he praises you, because you made us for yourself and our hearts find no peace until they rest in you” (I, 1, p. 21). God’s looking and waiting meet our deepest desire. Even our brains are “hard-wired” for this encounter with God. If we take Ignatius’ suggestion seriously, we can actually consider that God is disappointed, saddened, when we do not take up the invitation to engage in this friendship, and delighted when we do. Imagine God saying to you, “Here’s looking at you, kid.”

Bill Barry, S.J.

William A. Barry, S.J., Ph.D.
Editor-in-Chief

Personal Strengths and the Aging Process

Mary Elizabeth Kenel, Ph.D.



As the Baby Boomers draw closer to their retirement years, considerable interest has been generated in the process of aging well. A number of studies, some of which are longitudinal, that help determine what factors point to successful aging have been conducted already. For example, two studies, one involving a community of Catholic nuns and another assessing patients seen at the Mayo Clinic in Rochester, Minnesota, determined that the trait of optimism was clearly related to longevity.

Psychiatrist George Vaillant studied men from the graduating classes of Harvard University (1939-1943) and men similar in age from Boston's inner city. Studies of these men, now in their eighties, reveal that successful aging is related to a variety of factors, including level of income, physical health, marital satisfaction and joy in living. Vaillant defined the strengths that contribute to joy in living as mature ego defenses that include altruism, the ability to postpone gratification, future-mindedness and humor.

Joan and Erik Erikson's longitudinal study followed children born in 1928-1929 in Berkeley, California, and their parents. These parents were octogenarians when the Eriksons compiled the data that formed the basis of their book, *Vital Involvement in Old Age*. Reflecting on the lives of the participants in the study led the Eriksons to formulate a life-stage they named Grand-Generativity, in addition to those already identified and popularized in *Childhood*

Humor, a quality related to self-transcendence, is perceived by all the authors as a core strength that lends itself to successful aging.

and Society. As the Eriksons noted, those persons who aged well demonstrated the ability to move beyond the direct responsibility for maintaining the world that is the province of the middle-aged and adopt, instead, such roles as elder friend, consultant and mentor. Integrating care for the present with concern for the future, the practice of grand-generativity contributes to the sense of immortality, self-transcendence and a life of integrity that culminates in wisdom.

Proponents of the Positive Psychology movement, in particular Martin Seligman, Ph.D., have identified twenty-four strengths that lead to the development of six virtues honored in nearly every culture, religion and philosophic tradition. In his book, *Authentic Happiness*, Seligman invites us to identify our personal strengths, referred to as our signature strengths. Although Seligman's list of strengths is more detailed than was Vaillant's list of mature ego defenses, there is a high level of agreement between the two. In addition, both lists capture many of the qualities that the Eriksons identify as characteristic of those who achieve a life of integrity and develop the virtue of wisdom.

EARLY BEHAVIOR PERSISTS

Our signature strengths, developed over the course of our lifetimes, contribute to our successful aging. While we may leave open the possibility of a conversion of heart as life's end approaches, for most of us the patterns of thought and behavior set during our earlier years persist. Thus, developing the strengths and the virtues noted by Seligman and Vaillant as we grapple with the developmental tasks appropriate to the various stages of our lives as outlined by the Eriksons is one of the real keys to successful aging.

Humor, a quality related to self-transcendence, is perceived by all the authors as a core strength that lends itself to successful aging. The capacity for humor in our later years is a uniquely human way of coming

to terms with the diminishments of the aging process and our personal mortality. Deriving from the same root as our words humus, humility and human, humor puts us in touch with our earthiness and creaturehood. Humor bursts our balloons of pride and self-sufficiency and allows us to take our place in the human family. When we suffer physical discomfort, it requires courage to continue our daily activities. Yet how much more pleasant, for ourselves and those around us, if we do so gracefully, perhaps bringing a smile to the face of another whose situation is akin to our own. How much more pleasant, as well, for those who care for us when pain or physical limitations force us to accept a level of dependency that we might find humiliating. Adopting a humorous approach to one's increasing frailty allows us to accept graciously the sorts of personal services we were so certain we would never need or tolerate.

Certainly, excessive humor may be a sign of a defensive maneuver designed to avoid the fear of death or to prevent conversation from touching on painful end of life issues. However, our ability to respond with genuine humor to the recognition of the unalterable reality of our mortality indicates a transformation of our self-love and transcendence of our limited egos. Such humor, with its touch of melancholy, reflects a quiet inner triumph. It signifies our ability to shift our focus from our long-cherished selves to the ideals and to the wider world with which we identify. It opens doors through which we may give and receive the healing gift of compassion.

A second quality, the ability to postpone gratification, might be considered a manifestation of the virtue of temperance and related to such strengths as self-control and prudence. A number of the persons who participated in the Eriksons' study spoke of the problems caused by greed at the individual, industrial and national levels. Some took an ecological perspective, noting the destruction of the earth and its resources in order to satisfy our thirst for oil and other products. Concerned that the planet is losing its ability to sustain life, these people saw conservation of the earth and prudent management of its resources for the sake of future life on earth as significant needs.

CONSPICUOUS CONSUMPTION BODES ILL

We might also think of delay of gratification as one of the antidotes to the excesses of the "ME" generation and to societal attitudes that condone the notion of "I

want it all — NOW!” Conspicuous consumption and excessive materialism on our parts, refusing to curb our demands for goods and services and to wait for “more” until all have at least the basics of food, water, shelter and clothing bodes ill for the future of our earth, our country and our children. To delay, or even to go without, certain gratifications points to the development of an identity that exceeds the limited boundaries of the individual self.

Vaillant identified level of income as a source of satisfaction in one’s later years. Ideas as to what constitutes sufficient income may vary widely. Yet research has consistently shown that it is our fear of not having enough that fuels dissatisfaction, not the fact that we do not own the biggest and best house, car or entertainment center. Developing a sense of appreciation and gratitude for what we do have helps us counter our fears. Learning to value simplicity teaches us to recognize when we really do have enough.

Accepting limited gratification from good health might also be considered here. Certainly, good health makes a major contribution to happiness at any time in life. In our later years, however, it is necessary that we learn to be happy despite illness and physical limitations that are often associated with the aging process. Some people radiate vitality despite their physical limitations, while other people, suffering from no illness at all, drag themselves around as if every step hurts. Caring for our bodies through proper diet and appropriate exercise allows us to make the best of the health we have, while appreciating that health encourages us to maintain an optimistic outlook.

DEVELOPMENT OF FUTURE-MINDEDNESS

We also might consider the ability to delay gratification within the framework of interpersonal relationships. Developing patience and practicing restraint in one’s earlier years can serve a person well later in life, whether we are dealing with caregivers, family members or peers. Rather than resorting to demanding, domineering or querulous behavior as we seek to have our legitimate needs met, we can hold back from saying or doing things that might bring momentary relief to our injured feelings yet be destructive in the long run. Restraint reminds us that we have a choice as to how we will express ourselves and carves out for us sufficient time to make wise choices.

Our willingness to delay gratification is to some

In later life, future-mindedness may well direct our attention to that which lies beyond time as we are accustomed to marking it and open us to a view of the eternal.

extent contingent on our developing future-mindedness. Future-mindedness and its correlates hope and optimism are a cluster of strengths that represent a positive stance toward what is yet to come. These strengths allow us to reach beyond our current boundaries and forge a connection with something that is larger and more permanent. In later life, future-mindedness may well direct our attention to that which lies beyond time as we are accustomed to marking it and open us to a view of the eternal.

Recalling that hope is the essential strength resulting from our struggles with trust and mistrust, the Eriksons note that a spirit of hopefulness underlies our earliest sensory awareness and sustains the healthy development of all subsequent psychosocial strengths as we progress through life. It is this early sense of hope that underlies our integration of autonomy with shame and doubt, of initiative with guilt, of industry with inferiority. Hope develops our capacity to be trustful in the face of realistic mistrust as we grapple with issues of identity and confusion, attempt to balance intimacy with separateness and generativity with stagnation. By the time the final stage of life approaches, the Eriksons observed, some of our rudimentary hope has blossomed into a mature faith that is closely related to essential wisdom, thus bringing our lives full circle.

The practice of future-mindedness opens us to possibilities of extending our care and compassion beyond the boundaries of our immediate circle of friends and family and is closely related to the strength identified by Vaillant as altruism, or what the Eriksons term grand-generativity. An altruistic attitude suggests that we take the needs and interests of others as seriously as we take our own. It combats our narcissistic tendencies and the selfishness associated, deservedly or not, with old age. At its best, this sort of altruism is not based solely on duty but, instead, by incorporating such strengths as kindness and generosity, it links us to the virtue of love.

Altruistic future-mindedness of this sort has a

Healthy aging is fostered to the extent we maintain a sense of curiosity and interest in the world at large.

decidedly celibate dimension for, mindful of the ties that link us to each other despite barriers of time and distance, it invites us to embrace and serve the extended world family. Those who most completely incorporate these strengths into their lives do not identify themselves as self-sacrificing or as loving others at their own expense. They have launched themselves on a process of development in which the self to be realized extends far beyond their separate egos. In their generous practice of compassionate care, they have come to realize that in loving the human family, extended in time and space, they love themselves at their own deepest levels.

MAKING USE OF TIME, TALENTS

Developing our future-mindedness might encourage some of us to make use of our time and talents to influence educational and environmental policy. Those whose means allow might be inspired to establish a scholarship fund or make a contribution to a school of their choosing. Still others become mentors to teens or work in literacy programs for new immigrants. Whatever forms our future-mindedness and altruism take, through our contributions to society, through friendships, through concern for others, we can achieve enduring significance for our actions that goes beyond the limit of our own lives.

Future-mindedness, in the context of aging, also requires that we look at issues of mortality, for death looms much closer on our horizons than it once did. Our awareness of death can be a source of freedom because, instead of focusing exclusively on achievement, fame or fortune, recognition of life's limits may help direct our attention to less tangible rewards. Time spent with loved ones tends to be seen as more precious when we know that our futures do not stretch on forever. Performing the inner work that develops our soul, our truest self, may also be more highly valued.

Facing the reality of a time-limited future often encourages us to appreciate joys we might otherwise overlook because of their very ordinariness. Knowing we have only a short-term future on earth also encourages us to live with greater authenticity because decisions reached in light of our approaching deaths tend to reflect our deepest values. We may be inspired to live so generously and unselfishly that the prospect of personal death, the night of the ego, looks and feels less important than our knowledge that we have built a broader, longer future than our single egos ever could encompass.

While acknowledging this life's impermanence, however, future-mindedness also directs our attention toward immortality. Viewed in conjunction with the promise of eternal life, we need not see death as merely a process of destruction of life as we know it but as a process of transformation. It is this promise of transforming rebirth that draws us forward in a spirit of hope, the hope that prompted Job to declare: "after my skin has been thus destroyed, then in my flesh I shall see God" (Job 19:26).

Seligman also calls our attention to a number of strengths that contribute to the virtue of wisdom, a virtue frequently associated with those achieving elder status. Healthy aging is fostered to the extent we maintain a sense of curiosity and interest in the world at large. One of the fringe benefits of retirement is the gift of time that many choose to devote to learning, whether they do so by attending courses at local colleges or by participating in elderhostels geared toward exploring a particular subject in depth.

Perspective is one of the mature strengths that contribute to wisdom. In our roles of elder friend or mentor, this strength enhances our ability to draw upon the experiences of a lifetime in order to assist others to solve their problems and deepen their self-knowledge. Having the ability to offer a clear vision of the potentials and limitations involved in a given situation to someone who is caught up in one of life's knotty conflicts enhances our sense of self-worth while strengthening our bonds with those coming behind us.

WISDOM, A CROWNING VIRTUE

The Eriksons also speak of wisdom as the crowning virtue of a life well lived. They considered this virtue not so much from the perspective of learning but in relation to our having lived lives of integrity. Those

attuned to the Positive Psychology movement associate integrity with honesty and genuineness, facets of the virtue of courage. These perspectives actually have much in common as they point to our need not only to seek the truth, but also to live with authenticity and genuineness from our personal center.

Integrity of this sort is often expressed in terms of congruence, the harmonious interrelation of all aspects of a person. Having awareness of our feelings, living them and sharing them appropriately foster communication from the heart and make available the reality of ourselves for others to encounter. Looked at from another perspective, we also might think of integrity as striving for wholeness, learning to balance and integrate the opposing forces of darkness and light that lie within our personalities. Over time, living lives of integrity draws us to the wisdom of self-acceptance that is free of illusion, based on a realistic assessment of our strengths and failings, with no need to hide behind a mask.

To these qualities, we also need to add the strengths that Seligman terms loving and allowing oneself to be loved. Vaillant observed that marital satisfaction made a substantial contribution to successful aging. In the later stages of life we meet examples of committed couples whose fidelity spans forty, fifty or more years. And we witness the joy of elders, many widows or widowers, who join together to companion each other for the years that remain.

Although many of us identify ourselves as loving, Seligman observed that a majority of us have experienced difficulty in allowing ourselves to be loved. Has the wisdom of Jesus' commandment to love our neighbor as ourselves been lost on us? Have we misinterpreted the notion that it is more blessed to give than to receive or taken the line from the prayer attributed to Saint Francis that asks God to "grant that I may not so much seek to be loved, as to love" too literally? Perhaps. I suspect, however, that what works against us is our perception of power and agency. When I am the person giving love I appear to have a certain level of power, resources and abundance at my disposal. To be on the receiving end, however, may suggest that I am needy or dependent on others, notions that usually do not enhance our sense of self. We have been formed by a society that emphasizes autonomy and independence; thus, finding ourselves in need of love may induce a sense of self-doubt or even shame. Our reluctance to accept love, especially when offered in the context of service, may stem from low self-esteem, a

What could be worse than to ask for love and be rejected?

sense of unworthiness or a fear of our needs not being acceptable. What could be worse than to ask for love and be rejected?

A WONDERFUL ROLE MODEL

As I thought about these strengths, I realized that I had been blessed with a wonderful role model. Sister V, whom I met when I was a high school student. She had polio early in life and needed to wear a leg brace in order to walk. Carrying more than a few books or a small parcel was out of the question because she had difficulty maintaining her balance. As a result, she recruited us students to be her arms and legs as she made her way through the corridors. Even at that time, I realized that my being asked for assistance brought me rewards that outstripped the small favor I did; Sister V's expression of gratitude left me feeling wonderfully happy and boosted my self-esteem.

As I gathered material for this article, I decided to ask Sister V what her secret was. How was she able to ask for our help yet leave us feeling as if we had been given a blessing? In response to my call, Sister V recounted the story of her contracting polio just as she was due to begin first grade. As was customary in those days, she was isolated from her family and kept in a hospital setting for an extended period of time. In addition to physical pain from the disease itself and, later, from the treatment, she endured the pain of separation from her family and neighborhood friends. The redeeming feature in this ordeal was the fact that the sister-nurses who cared for her and the other children at the hospital truly loved them. The warmth they communicated while caring for children totally unable to help themselves was the source of Sister V's strength. Knowing she was loved and accepted, despite the severity of her problems and the extent of her needs at the outset of her illness, allowed her to come to self-acceptance regarding her physical limitations.

Sister V recalled that the sisters, working within

Sister V had learned the art of welcoming and appreciating the ordinary gifts of small services given with love, and she returned that love to us, her helpers.

the frame of their patients' very real limits, encouraged the children to stretch themselves by assisting each other and their caregivers to the extent possible. This mutual exchange of assistance, given and received in a spirit of acceptance and love, led to the formation of a woman who trusted others to respond positively to her needs while assuring her that she also had gifts to give in return. Comfortable with her own physical dependency, she was unafraid to incur debts of gratitude. "Thank you, dear heart" came easily and joyfully to her lips for even the smallest favor. Sister V had learned the art of welcoming and appreciating the ordinary gifts of small services given with love, and she returned that love to us, her helpers. Although I might not have been able to express my feelings as a high school student, in retrospect I realize Sister V communicated such warmth, acceptance and love to us that she drew us into a cycle of mutual exchange, each in turn experiencing our ability to love and to receive love.

HEALTHY AGING REQUIRES BALANCE

What an example for those of us who are able-bodied now but who, as we negotiate the aging process, are likely to find ourselves with diminished physical capacity and in need of assistance. Each of us, in turn, shall be called upon to revisit and rework the tensions that exist between our desires for autonomy and the shame and the doubt many experience when they are no longer able to exercise the level of autonomy they were accustomed to as adults. Healthy aging asks that we balance our self-determination with the realities of our physical abilities. We shall need to direct our attention away from a negative focus on those activities that we can no longer perform according to the standards of our younger selves and focus on what is still possible.

In addition to making a realistic assessment of our actual losses, we also need to reflect on the impact of such losses on our self-esteem. If we currently over-

value autonomy and independence, we are likely to respond to our diminishments with anger, perhaps developing a pseudo-independence that leaves those near and dear to us worried lest we injure ourselves or others by attempting more than we can physically handle. Issues and feelings of this sort often arise in relation to the need to relinquish our cars and driver's licenses. Some find this loss of independence humiliating and angrily resist suggestions that they are not capable of driving safely. Some persons, however, assign positive meaning to making such decisions. They experience enhanced self-esteem as they see themselves showing care and concern for others. They realize they can exercise autonomy by choosing alternative means of transportation. As we prepare for our own later years, learning to accept the love that is already available to us from spouses, family and friends and developing a spirit of appreciation and gratitude are tasks that will assist us to experience successful aging.

Mercy and forgiveness are also qualities that contribute to happiness in our later years. As we experience loss of family members and friends, it becomes more important than ever to appreciate those who remain. The need to forgive and to be forgiven is present throughout our lives as we hurt and are hurt by those we love many times throughout the course of a relationship. Accumulations of anger over the years may have turned to sourness and resentment, while brooding on injuries may have hardened our hearts. Just as we feel a need to put our financial affairs in order, we also need to bring order to our relationships. Perhaps it is possible for us to see the other person more clearly now, to recognize the needs that motivated certain attitudes and actions and to respond to them, no longer with anger, but with compassion based on the recognition of our common clay.

SELF-FORGIVENESS IMPORTANT

Mercy and forgiveness are not to be directed only toward others, however. Self-forgiveness is a very important feature of happiness as we age. We may experience this gift as a shift in awareness that moves us from our ego-dominated concerns to the deeper levels of our true self where we stand in grace, transformed in Christ, the image of God. As we come to accept the bright and the shadow of the true self, we find ourselves able to move beyond feelings of guilt, shame or remorse and, in accepting responsibility for

our wholeness, dark and light, experience the peace of self-acceptance and forgiveness.

Deepening spirituality is also one of the ways to increase our happiness as we age. Recognizing ourselves in the image of Christ brings us to a profound level of self-knowledge, knowledge of our souls. Coming to this knowledge requires more than ordinary self-inspection. We must enter through the door of prayer and meditation, freeing ourselves from our usual preoccupations to make the journey inward. While some surely do so at an earlier age, for many of us the leisure offered during our later years allows us the time and space needed to sit quietly and look within. Having accepted our limitations in a spirit of self-forgiveness, we may come to recognize the beauty of our souls, a reflection of the true Light, according to Gregory of Nyssa, into which we are transformed.

The role of faith and a sense of purposefulness cannot be over-estimated when considering the elements that contribute to happiness in the later stages of life. Identifying our personal mission or vocation enhances our resiliency and reduces stress by helping us to create meaning when faced with our diminishments as we age. One way to begin the process of uncovering the meaning of our lives is by writing an autobiography or performing a review of life in some other manner. Recounting the events of our lives has the potential to offer us a glimpse of the broader meaning of our calling as we recognize themes that recur over time. Reflection on these themes may lead us to articulate the philosophy of life, the commitments or the spirituality that serve to give our lives purpose and meaning.

A ZEST FOR LIVING

Maintaining a spirit of enthusiasm and a zest for living also enhances our later years. I draw strength from the example offered by my own mother. Although she was obliged to spend the last year of her life in an assisted living facility, mother maintained interest in and contact with family and friends and participated in the activities available in her residence. Her one complaint was that so many of the other residents seemed focused on their ailments and failed to take part in the group activities. Less than three months before her death, she insisted that I take her shopping for new clothes. Although she found it difficult to walk and tired easily, she enjoyed herself, pleased to select colors that would mix and match with other items in her

Recognizing ourselves in the image of Christ brings us to a profound level of self-knowledge, knowledge of our souls.

wardrobe. A few weeks later she was elected queen of the senior prom held at her assisted living residence. When the end came, I could say in all honesty that my mother lived fully until she died.

And, perhaps, living well until we die is the secret of successful aging. Let us pray with the Psalmist that we may “flourish in God’s house, green and heavy with fruit even in old age” (Psalm 92) until it is time to sing with Simeon: “Lord, let your servant die in peace, for you kept your promise. With my own eyes I see the salvation you prepared” (Luke 2:29-31).

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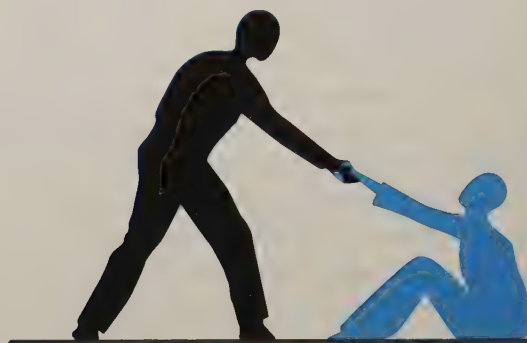


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A Faith that Works

The Spirituality of Alcoholics Anonymous

Sister Molly Monahan



He was tall, slender and good-looking, and he showed up at our Alcoholics Anonymous (A.A.) meetings last summer in suburban Westchester, New York. “Hi, my name is Neal (not his real name),” he said, “and I’m an alcoholic.” He then told us that he had first come to A.A. six years ago and hadn’t had a drink since. But he had stopped coming to meetings after about a year. He hadn’t gotten a sponsor; he never went through the Twelve Steps. Now his wife was about to leave him. He was in trouble at work. And he was miserable.

I tell this story because it dramatically illustrates the fact that the disease of alcoholism is not just about addiction to alcohol. And that the recovery that the program of Alcoholics Anonymous offers does not end simply in putting down the drink, essential as that is. No, as A.A. knew from its founding, and well before the body/mind/spirit connection was as widely accepted as it is now, alcoholism is a threefold disease — physical, mental and spiritual. And A.A.’s program is designed to address all three.

Neal, “a dry drunk” in A.A. parlance, was still suffering from the other aspects of the disease, and without the sedative of alcohol to dull the pain, described this last state as worse than what brought him to A.A. in the first place.

It’s no surprise to me that the general public has little real understanding of this. Most of us in A.A. grasp it slowly. Like the

women I hear at meetings tell with horror now of having driven their children's car pool when intoxicated, we have to achieve a little bit of sanity before we can see how crazy we were. And it's only after we experience the first stirrings of the Spirit that we know how spiritually sick we were. As A.A. wisdom has it — an important insight for readers of HUMAN DEVELOPMENT, I believe — the disease affects us first spiritually, then mentally and, finally, physically, and recovery proceeds in the opposite order. My own experience has borne out this insight.

AN ALCOHOLIC'S DISTORTED THINKING

I am among the fortunate ones who, after coming to A.A., have never been tempted to drink again. This was a miracle in itself when you consider that it was my daily efforts, and daily failures, to stop drinking on my own that had convinced me that I was “powerless over alcohol” — the physical aspect of addiction to the drug — and that my life “had become unmanageable” (Step One). But I bristled at the words in Step Two: “Come to believe that a Power greater than ourselves could restore us to sanity.”

Only when I had gained some measure of soundness of mind was I able to recognize not only how senseless it was to drink the way I drank, and act the way I acted when “under the influence,” but how distorted my thinking was even when not intoxicated, how poor my judgment, how exaggerated my emotions. My inflamed brain, given over to “stinking thinking,” and my jangled nervous system needed time to clear up and quiet down before I was able to come to the conclusion, in retrospect, that I really was mentally ill.

And even though several years before I came to A.A. in 1983 I had become aware that I was incapable of praying, I didn't know that this had anything to do with alcohol. A nun for more than two decades at the time, I thought, in a self-aggrandizing way, that I was undergoing St. John of the Cross' “dark night of the soul.” It was only later that I learned that, just as I couldn't read even though I had been a great reader, one reason I couldn't pray was because I was unable to concentrate for any length of time, a physical/mental condition. Later still, when I heard a man at a meeting say that he had discovered that his “spirit was dead,” I recognized that he was describing my spiritual state, hopeless, helpless and filled with self-loathing. As advised in Step Three, I “made a decision to turn our

Beginners are told that anything may serve as their Higher Power, as long as the fatal, willful, self-sufficiency that got them to A.A. in the first place is surrendered.

will and our lives over to the care of God *as we understood Him*,” addressing the spiritual aspect of the disease. At the time, that was the decision to go on with the rest of the program.

Note that Step Two mentions a “Higher Power,” and Step Three, “God *as we* (each of us) *understood Him*,” the phrase always italicized in A.A. literature. The wonderful freedom that A.A. espouses throughout the program is already evident here. Beginners are told that anything may serve as their Higher Power, as long as the fatal, willful, self-sufficiency that got them to A.A. in the first place is surrendered.

For many newcomers, the group itself serves that purpose. They say so openly, and nobody challenges or proselytizes them. Veterans like me, with the memory of our own horrible suffering and confusion, welcome all newcomers and relapsers, mindful that “the only requirement for membership is a desire to stop drinking,” and we are confident that if they stick with the program, they will indeed attain sobriety and find a God of their understanding. “Don't leave before the miracle happens,” we say. And we mean it.

THE BEGINNINGS OF A.A.

But, how does it happen? How does A.A. succeed in helping alcoholics stay sober in the face of the failure of countless “cures” and treatments for the disease over the centuries, some wacky, some at least medically helpful? To grasp this we need to go back to the beginning of A.A. itself as told in the first chapter of the book *Alcoholics Anonymous* (the “Big Book”).

Some of you may know the story of Bill W., cofounder with Dr. Bob of the fellowship. Bill was a smart and successful businessman, and a disastrous drunk. He had been in the hospital more than once because of his alcoholism, this last time for treatment of delirium tremens. When he was visited there by an old friend who credited his own newly found sobriety

Just one primary purpose and a singular verb — but a double thrust, embodying a wonderful reciprocity: Helping other alcoholics is understood as integral to staying sober oneself, and one's own sobriety is understood as a means of helping them.

to the power of God, Bill began to believe that a God personal to him could help him stop drinking. Under the guidance of his friend, he entered into a process of moral and spiritual conversion, culminating in “a sense of victory followed by a sudden and profound” experience of God in which he knew “such a peace and serenity as [he] had ever known.”

But that is not the end of the story. Without the next events, there would have been no Alcoholics Anonymous or living soberly ever after. Several months after leaving the hospital, we find Bill in a hotel lobby in Akron, Ohio, sorely tempted by the warm and alluring laughter coming from the bar to go in and have a drink. Instead, he went to the telephone booth in the lobby and, from the ministers' directory, picked out the name of a minister who might put him in touch with a fellow drunk. Remembering his own experience, he knew he needed to talk to another alcoholic in order to keep from drinking. His tenth call was to the person who arranged for him to meet Dr. Bob, an Akron surgeon deep in the throes of the disease. The two men met, and Bill told his story, sharing his “experience, strength and hope” with Dr. Bob over the period of a month. And on June 10, 1935, the first day of Dr. Bob's permanent sobriety, Alcoholics Anonymous was born.

I have often read, heard and referred to that story myself. But it was only a few months ago that I realized that the A.A. Preamble, read at the beginning of most meetings, captures its essence. Among other things, the Preamble says, “Our primary purpose is to stay sober and *help other alcoholics to achieve sobriety* (author's italics).” Just one primary purpose and a singular verb — but a double thrust, embodying a wonderful reciprocity: Helping other alcoholics is understood as integral to staying sober oneself, and one's own sobriety is under-

stood as a means of helping them.

REACHING OUT TO OTHERS

The Twelfth Step strikes the same note. It says: “Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics and to practice these principles in all our affairs.” A.A. spiritual awakening, whether of a dramatic nature such as Bill's, or of the slow, gradual “educational variety” experienced by most of us, occurs not in a life lived in solitary bliss, but in reaching out to others. What beginners can't begin to imagine, however, is the great joy that this brings us.

No, what confronts this poor, befuddled soul, even if she has made the rather daunting admissions and decisions encapsulated in the first Three Steps, is to go on with the rest of the Steps. Consider what they ask of us. Made a searching and fearless moral inventory of ourselves (Step Four). Admitted to God, to ourselves, and to another human being the exact nature of our wrongs (Step Five). Were entirely ready to have God remove all these defects of character (Step Six). Humbly asked Him to remove our shortcomings (Step Seven). Made a list of all persons we had harmed, and became willing to make amends to them all (Step Eight). Made direct amends whenever possible, except when to do so would injure them or others (Step Nine). Continued to take personal inventory and when we were wrong promptly admitted it (Step Ten).

Wouldn't you find all of this a rather tall order? How will the bouncer and the skinhead who have been beaten down by alcohol and just want to stop drinking undertake it? Or the physician and the “ladies who lunch,” quite certain that they are just nice people who happen to drink too much? They will come to meetings, that's how, and there are all types of meetings, morning, noon and night, in most populated areas to accommodate them.

There are “Big Book” meetings, Step meetings, meetings with guest speakers from other groups and topic meetings on such themes as gratitude. No matter what the format, the newcomer will hear not analyses of the disease of alcoholism, or lectures on the evils of alcohol, but the stories of those, who, regardless of their race, creed, color, sexual orientation or social standing, have “been there, done that,” and who now manifest the serenity that the beginner doesn't even know he wants.

Once at a meeting, the newcomers will be approached by members who give them their telephone numbers. They will be encouraged to attend “90 meetings in 90 days,” to get a sponsor, even a temporary one (it’s up to the newcomers to take the initiative). The sponsors, a combination of friend, mentor and spiritual adviser, will probably suggest that the sponsees call them, if not every day, at least frequently, and especially if they are tempted to drink. Most sponsors will recommend, regardless of the religious disposition of their sponsees, that they get on their knees in the morning to ask for help in not drinking that day and at night to say “thank you.” (This “hitting-my-knees,” as the young men tend to call it, a practice familiar to Catholics and done perhaps mindlessly by most of us, seems to carry real significance for others — a sign of humility, of surrender?) Though the practice may be resisted initially, it seems to be efficacious if used. I do it every day.

And when the sponsor judges that the time is right, the sponsee will be “put on” the Fourth Step, that “fearless and searching moral inventory of ourselves.” My sponsor delayed my taking this step until I had regained some measure of self-respect, a wise decision, I believe. But I was so preoccupied with the thought that in the Fifth Step I, a nun, would have to confide the contents of my Fourth to her, a laywoman and not a Catholic, that I was stymied. Here again the freedom that characterizes A.A. came to my rescue. Although it is customary to do the Fifth Step with a sponsor, A.A. literature allows for it to be done with a clergy person, a physician, a trusted friend, even “a complete stranger.” I did the Fifth Step with my spiritual director, also a laywoman but one familiar with religious life, and it worked for me.

And so it is with the rest of the Steps. At one’s own pace, under the guidance of a sponsor, and greatly helped by hearing at meetings about the way other people did them — what they feared, the methods they used, the pitfalls they encountered, their feelings as they did them, what were the results — we go through the Steps and on with the program. In all of this, as is evidenced in what others report, it becomes clear that the Steps, difficult as they may be, are not designed to punish us or to humiliate us. Their goal, again, is freedom: freedom from shame, guilt, fear, anger, pride,

I was so preoccupied with the thought that in the Fifth Step I, a nun, would have to confide the contents of my Fourth to her, a laywoman and not a Catholic, that I was stymied.

lust, envy, resentments, the need to control — from all the things that imprison us, that drive us, that drive us crazy, that drove us to drink.

SHARING REQUIRES COURAGE

Perhaps you can glimpse from this brief account the type of sharing that occurs at A.A. meetings. I have never experienced anything like it. People are extraordinarily honest, yet discreet, not revealing things about themselves or others that should not be generally known, but not remaining silent out of shame, either. Although I heard the story more than twenty years ago, I have never forgotten Mary Jane, a grandmother now, telling us that she drove drunk to a convenience store one night and sent her eight-year-old daughter in to buy a pack of cigarettes for her. She forgot why she was there and drove away, leaving the child, clad only in her nightgown, to walk home alone in the dark. I think it took more honesty and courage for her to tell that story than if she had confessed to robbing the store.

Mary Jane, who still attends meetings regularly, frequently adds, when she shares, that she never knew anything at all about “the joy of living” until she came to A.A. And you can see that joy in her demeanor. Even now, at a very difficult time in her life as she copes with a physically handicapped husband and a new grandson born with a serious birth defect, she sometimes talks about her troubles and is helped simply by sharing them with us. She manifests, if not joy, then the serenity and the acceptance asked for in the now-famous Serenity Prayer: “God, grant me the serenity to accept the things I cannot change, the courage to change the things I can, and the wisdom to know the difference.”

And that brings us to prayer and the Eleventh Step: “Sought through prayer and meditation to improve our conscious contact with God, *as we under-*

Most recently, I have found the saying, “Do the next right thing,” helpful.

stood Him, praying only for knowledge of His will for us and the power to carry that out.” The subject merits ten full pages in the A.A. book *Twelve Steps and Twelve Traditions*, (“the Twelve and Twelve”), pages filled with uncommon common sense on the subject. Although one may hear people contrast the spirituality they have found in A.A. with their (often unfortunate) experiences of established religion, this chapter does not promote the dichotomy. Rather, it encourages us to draw on the resources that are to be found in the world’s great religious traditions, and itself uses the St. Francis Prayer, sometimes called “the Eleventh Step” prayer, as a model to be followed in meditation.

At meetings people tell how they practice the Eleventh Step. Many say that it is at meetings themselves that they are most calm, centered, given over to quiet listening, hearing God speak to them through other people — most meditative. Many make use of one or another A.A.-inspired meditation books such as *Twenty-Four Hours a Day* or *A Day at a Time*, and report how much better their day goes when they take the time to do this. Others refer to praying the Third and/or Seventh Step prayers, i.e.:

God, I offer myself to Thee — to build with me and do with me as Thou wilt. Relieve me of the bondage of self, that I may better do Thy will. Take away my difficulties, that victory over them may bear witness to those I would help of Thy power, Thy love, and Thy way of life. May I do Thy will always.

My Creator, I am now willing that you should have all of me, good and bad. I pray that you now remove from me every single defect of character which stands in the way of my usefulness to you and my fellows. Grant me strength, as I go out from here to do your bidding. Amen.

I think that these are wonderful prayers. For one thing, both are directed not to the attainment of personal sanctity — a goal with the built-in risk of self-absorption and spiritual pride (“We claim spiritual progress, not spiritual perfection,” A.A. wisely says) — but to building, bearing witness, helping others, usefulness. For another, the second prayer, which I love, gives over to God all of ourselves “good and bad,” not assuming, as many of us do, that we must clean up our act before we can approach the Almighty. No, hearkening back to our powerlessness over alcohol, the prayer is clear about the fact that it is God and God’s grace, not our own efforts, that will free us from our defects, from “the bondage of self” mentioned in the Third Step prayer. This phrase, often heard at meetings, is one of the many sayings drawn from A.A. literature and elsewhere that serve us as a type of spiritual/emotional shorthand. Or that just plain give good advice. (See accompanying brief story on page 18.)

SLOGANS HELP, TOO

There are the slogans you see on bumper stickers: “Easy does it,” “A day at a time,” “Let go, let God.” They may, from familiarity, appear trite, but examination of them reveals the age-old spiritual wisdom they contain. Like the acronym HALT, standing for “hungry, angry, lonely, tired,” or FEAR, “face everything and recover,” and the proverb-like, “A problem shared is a problem halved,” and, “You’re only as sick as your secrets,” they give sound advice about the conditions that affect our emotional and spiritual lives, our motivations, the decisions we make and the results that we can expect. Most recently, I have found the saying, “Do the next right thing,” helpful. It may seem to state the obvious. But when I have a dozen items on my to-do list — balance checkbook, pick up groceries, write letter, check e-mail, work on HUMAN DEVELOPMENT article — if it is after 12:30 p.m., it becomes clear and calming that I should have lunch.

And not last in this brief glimpse of A.A. spirituality are the Twelve Traditions, little known to the public. The Twelve Steps are displayed on large posters at many meetings. As the Steps guide us in the conduct of our personal lives, the Traditions set forth the principles for A.A. as a fellowship. Forged out of sometimes difficult, sometimes wild, experiences in the early days of A.A., they are designed to preserve *the unity of the*

fellowship essential to its life-saving mission. They guard A.A. against exploitation, against the dangers posed in anybody by the drive for individual or group power, money, prestige; against exclusivity of any sort; against divisiveness over outside issues.

They propose, for example, "but one ultimate authority — a loving God as He may express Himself in our group conscience. Our leaders are but trusted servants; they do not govern." The Traditions state that every group "ought to be fully self-supporting, declining outside contributions." They recommend non-professionalism — A.A. doesn't award any degrees, has no professional workers — and "a public relations policy...based on attraction rather than promotion." This is why all positions held in the fellowship — group chair, treasurer, secretary — rotate on a regular basis, why A.A. does not operate rehabs or hospitals or lend its name to any outside enterprise, why you don't see ads for A.A. or hear endorsements of it by celebrities, who may well publicly acknowledge their alcoholism, like Betty Ford, for instance, but who never advertise A.A. as such "at the level of the media." As the Twelfth Tradition says, "Anonymity is the spiritual foundation of all our traditions, ever reminding us to place principles before personalities."

A.A.'S 70TH ANNIVERSARY

Of course, there are misunderstandings, disagreements, little power struggles among us. How could there not be? But the Traditions not only prevent most such problems from occurring, they give us principles to follow when they occur. In an article I read years ago, Jesuit Tom Clarke referred to the Traditions as "graced structures." They are. I sometimes marvel that they were conceived in the first place and that they are so carefully observed even as A.A. celebrates its 70th anniversary this year. "If it works, don't fix it," as the common saying goes. Or, more to the point, "It's a God-given program," we say, and in my opinion it is one from which our churches might learn a few things.

I have summarized a great deal about A.A. spirituality here, not only as it is found in the Twelve Steps, but also at meetings, in sponsorship, in the slogans, in the Traditions, in its literature. (I haven't even touched on what the literature has to say about such things as forgiveness, gratitude, humility. When was the last time you heard anything about humility, in church or out?) And

For me, the disease serves as an emblem of the human condition writ terribly large, revealing some basic truths about human nature itself in its sad, lost and sinful state, utterly unable to help, to save itself.

I've tried to present A.A. as it presents itself. But let me share with you now some of my own reflections on alcoholism and the spirituality of Alcoholics Anonymous.

After twenty-two years as an A.A. member, I am still in the process of realizing what a dreadful disease alcoholism is in ways that other diseases are not. I now know how destructive it can be not only of ourselves, but also of the mental, emotional, spiritual and sometimes physical well-being of those around us. It can be the tragic cause of the death of others in acts of violence committed when drunk, of complete strangers in car accidents. Left untreated, it can be fatal for the alcoholic. I have heard, not infrequently, alcoholics tell of the despair that led them to contemplate or attempt suicide. And I know of others who succeeded in taking their own lives. Short of this, its destruction reaches to the core of the alcoholic's own being, to our very souls. For me, the disease serves as an emblem of the human condition writ terribly large, revealing some basic truths about human nature itself in its sad, lost and sinful state, utterly unable to help, to save itself.

But, again for me, the blessings of the fellowship of Alcoholics Anonymous far outweigh the curse of the disease, embodying God's desires for all of us, alcoholic or not. The freedom that the program allows and promises, the reciprocity that it espouses, show us that true joy is to be found not in the pursuit of sex, money, power or prestige, but in the love and service of God and of others. I mentioned joy at the beginning of this article. I wonder if you can imagine seeing "salvation" happen before your very eyes, as miserably unhappy, self-centered newcomers are gradually transformed into peaceful, caring people, as you listen to the skin-head talk about his "spiritual condition," and watch

him discover that he really is a sweet guy who would do almost anything to help another suffering alcoholic.

FINDING A FAITH THAT WORKS

In A.A. I have found not insistence on assent to dogma of any sort but rather “a faith that works” in our lives. To see it at work mightily strengthens my own faith and even lends new meaning to my Catholic beliefs. For example, my A.A. experience is now leading me to the conclusion that we don’t have to look to Thomas Aquinas’ classic proofs for the existence of God as the Uncaused Cause, the Unmoved Mover, etc. As I witness the way people care for one another in A.A., I see living proof that there is a God, a “God [who] is love” (I Jn. 4.8). It seems a rather daunting thought, but I am coming to realize, then, that we, all of us, are meant to be those proofs to one another.

I also know, however, that as long as I live I will, with God’s grace, always be in recovery, never cured, and that, as is the case with our eternal salvation, I am to work it out “a day at a time.” For all of these reasons, these blessings, I keep going to meetings. And I thank God for the fellowship of Alcoholics Anonymous.

Postscript: Last night, November 11, 2004, my group celebrated the fifty-seventh anniversary of its

founding, a gala affair featuring a delicious buffet supper and a powerful guest speaker. “Neal” was there.

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Sister Molly Monahan (a pseudonym) is a member of a religious order and the author of *Seeds of Grace*.

ALCOHOLISM BOOKLET FOR CLERGY, OTHERS, AVAILABLE FREE OR ONLINE

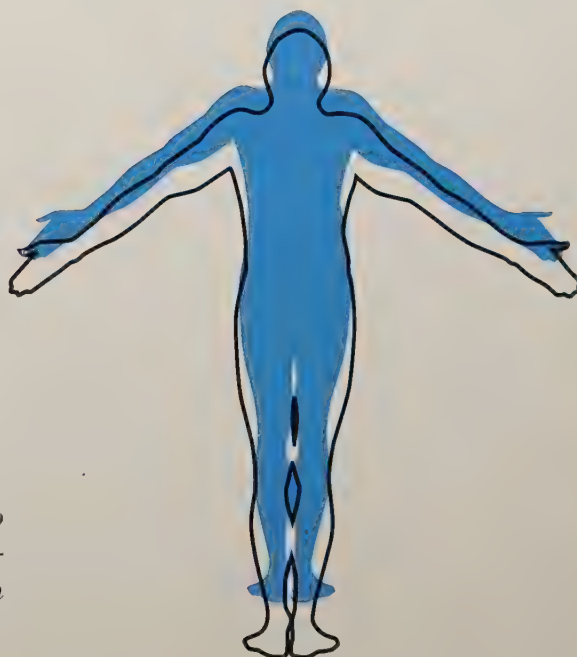
A fine resource for clergy and others on issues of alcoholism has been prepared by the Substance Abuse and Mental Health Services Administration (SAMHSA), a part of the U.S. Department of Health and Human Services. It was sent to HUMAN DEVELOPMENT by Charles G. Curie, Administrator of SAMHSA, and Bernard F. Stratman, S.M., Executive Director of the Seminary Department of the National Catholic Educational Association.

The booklet, prepared by a panel of well-known experts on substance abuse, is called “Core Competencies for Clergy and Other Pastoral Ministers In Addressing Alcohol and Drug Dependence and the Impact on Family Members.” The subtitle is: “Substance Abuse and the Family: Defining the Role of the Faith Community.” One can obtain free copies of the document by calling 1-800-729-6686, or 1-800-487-4889 (TTD). It may also be accessed electronically through www.samhsa.gov.

Sexual Addiction

Helped by Surrender to God

Anonymous



The author is a priest in a religious order who writes to help those like himself who find themselves caught in some type of sexual addiction. He writes from the perspective of one who has been greatly helped by the Twelve Step Recovery Movement.

Recent cases of sexual abuse by members of the clergy have made the public painfully aware that even consecrated ministers can engage in inappropriate and sometimes illegal behavior of a sexual nature. Studies conducted and coming to light in the wake of these cases have provided some perspective by suggesting that the incidence and the types of sexual abuse among religious leaders mirror those in society at large.

Having said this, I recognize that people tend (rightly, in my opinion) to hold clerics to a higher standard, commensurate to the trust and the privileged access that professional ministers generally enjoy in Western culture. But, clergy are human beings, and some of them find themselves dealing with compulsive sexual tendencies that can lead to abuse of their position, or, at least, to failure to live in accord with their profession. And so, wanting to help such people, I offer reflections on how some individuals have dealt successfully with their compulsive sexual tendencies and behavior.

But, clergy are human beings, and some of them find themselves dealing with compulsive sexual tendencies that can lead to abuse of their position, or, at least, to failure to live in accord with their profession.

ADDICTION

We can begin by distinguishing between addiction and the normal feelings, emotions and desires that all of us encounter daily. While some instances of clerical abuse seem to represent addiction, in other cases the behavior appears to have occurred as a momentary indiscretion, perhaps indicative of deeper issues but probably not addictive in nature. In his now classic study, *Addiction and Grace*, Gerald May offers a helpful definition:

Addiction is any compulsive, habitual behavior that limits the freedom of human desire. It is caused by the attachment, or nailing, of desire to specific objects. The word behavior is especially important in this definition, for it indicates that action is essential to addiction.

For the sex addict, this behavior may include mental fantasy, flirting, searching for and viewing sexual images of various sorts, compulsive masturbation and cruising for and engaging sex partners. “Addictive” and “illegal” are not synonymous terms, as many legal behaviors have a destructive and death-dealing effect, e.g., spending hours online surfing for pornography. May outlines five characteristics of addiction — tolerance, withdrawal symptoms, self-deception, loss of willpower and distortion of attention or ultimate concern — noting once again that the difference between strong feelings and true addiction has to do with freedom. When in their addiction, addicts have, to a greater or lesser extent, lost their ability to choose.

While some critics of clerical celibacy claim that a frustrated need for intimacy lies behind all cases of abuse, I have known many sex addicts, myself included, who have turned to their drug of choice despite enjoying intimate friendships, including spouses and committed partners. And although addicts often report that such factors as fatigue, anger, loneliness and

hunger can set the stage for choosing to engage in compulsive, demoralizing behavior, just as many of us find ourselves acting out in precisely the opposite circumstances. The fact is that addicts appear to act out because on some level they simply want to do so. Granted, underlying issues may complicate matters considerably. I say “appear” because I leave the psychological and the physiological aspects of addiction to people trained in those disciplines. To put this another way, it is natural for sex addicts to act out, just as it is natural for alcoholics to drink. Or, if you prefer, it is unnatural for a sex addict not to act out, just as it is unnatural for an alcoholic not to drink.

THE GRACE OF SURRENDER

In this article I develop the thesis that admission of powerlessness and surrender to God, especially as expressed through acts of prayer and service, can enable sex-addicts of all sorts to deal in a healthy way with their addictive behavior. This principle lies at the heart of the Twelve Step Recovery Movement and in literature that applies its principles to sexual addiction.

From this perspective, occasions of lust, or “triggers,” appear not as obstacles to overcome but as graced opportunities to turn to God for help — a kind of spiritual alarm clock summoning addicts back into relationship with the true Master of the Vineyard. Some people in long-term recovery thus speak of gratitude for the very addiction that brought them down. The scriptures provide many corollaries for this, including Job’s admonition to his wife (Job 2:10.b) and Paul’s glad resignation to boast in his weakness (2 Co 12:7-10). Similarly, Catholic Christians have the “happy fault” of the Easter proclamation, while those familiar with Ignatian spirituality may refer to the saint’s admonition to prefer “neither sickness nor health,” in that both afford opportunities to fulfill one’s end.

UNDERSTANDING THE PROBLEM

My understanding of addiction comes out of the Catholic Christian perspective that, because we are created in the communal image of the Trinity, our overarching purpose in life entails relationship, primarily service and praise of God (Deut 5:6-10; Mark 12:29-31), a theme that Ignatius of Loyola presents in the “First Principle and Foundation” of his *Spiritual Exercises*. Theologically speaking, any willing consent

to move away from this objective amounts to replacing God and, therefore, constitutes an act of idolatry (Deut 6:4-5; 1 Rom 25). As such, idolatry represents the primordial instance of sin, or alienation from God, and appears quite clearly in addictive behavior. Again to quote May, "addiction . . . makes idolators of us all, because it forces us to worship these objects of attachment, thereby preventing us from truly, freely loving God and one another."

Addiction has its source in a mental attachment or obsession, which in the case of the sex addict we can call lust. Given the foregoing theological analysis, lust appears as a type of idolatry whereby the addict compulsively and powerlessly turns to certain creatures rather than to God for salvation. Surely, Catholicism teaches that God comes to us in and through the world, such that any true communion with the divine implies a harmonious relationship with the universe.

The issue here, however, is that addicts, in their addiction, relate to the world as an end in itself, apart from service and praise of God. The preacher of Ecclesiastes makes this a theme of his book, as does John (1 John 2:15-17). We fall into idolatry precisely when we forget or pervert this fundamental truth. Which is not to say that the world is bad; on the contrary, "God saw everything that he had made, and indeed, it was very good" (Gen 1:31). The point is that God created the world for a purpose, and that to lose sight of this purpose leads to confusion and unhappiness.

In summary, the radical sin of idolatry entails movement away from God toward something else that we hope can save us. This "something else" might appear in a charismatic personality (ours or someone else's) or in a variety of ideas and material goods. When this movement takes on an obsessive tone, we speak of it as addictive. In this sense, although all addiction involves idolatry, idolatry need not imply addiction. Some of us undoubtedly have established such idolatrous relationships with our goods that we get caught up in a kind of addiction, as apparent in certain sectors of American consumer culture.

As cases in point we have the rich young man of the gospel who could not give up his "great possessions" (Mark 10:17-31; cf. Matt 19:16-30), or the scribes and the pharisees, who could not let go of their religious convictions (e.g., Mark 7:1-23). In his *Spiritual Exercises*, Ignatius of Loyola speaks of these things as "attachments." In contrast, God invites us into a relationship that requires ongoing discernment as to

To put this another way, it is natural for sex addicts to act out, just as it is natural for alcoholics to drink.

how we might best engage the world — including ourselves — to the end for which God designed it. This discernment in turn enjoins us to remain constantly and prayerfully vigilant lest any particular decision distracts us from our goal — in Paul's words, to "pray constantly" (1 Thess 5:17). Not that we agonize obsessively over the number of steps we take to the front door or how firmly we press down on the keyboard, but that we promote an attitude of dwelling with God, in whom "we live and move and have our being" (Acts 17:28).

UNDERSTANDING THE SOLUTION

If compulsive mental lust constitutes the root problem for the sex addict, then the solution involves recognizing the condition and surrendering to God. This act of surrender appears as a decision, made repeatedly, to do something rather than lust, even if that "something else" means simply staying in the void left by not acting out. Recovering sex addicts almost universally suggest prayer, perhaps accompanied by a gesture, often largely symbolic, such as turning one's chair imperceptibly away from a lust trigger, or more practical, such as actually switching seats in a restaurant.

In the heat of the moment, the prayer may consist of little more than a cry to God from the depths, e.g., "God help me!" The addict may continue this prayer — compulsively, or at least desperately, in its own way — until the trigger and the associated feelings pass. Some of us find that if we act on the willingness to pray in this fashion, we have little energy to do much more. Other addicts suggest praying specifically for the lust object herself or himself, and for the parents, children, spouse and friends of the person that they might have a good life, that they might enjoy all the good things the addict would want for herself or himself, etc. Others make a forceful expression of their own powerlessness: "God, I don't want any part of this lust. I cannot handle it. Please take it away from me." Still others pray that they might find in God whatever they seek in the lust object. The aim is to surrender to God and not give lust one's full attention.

Making an authentic surrender then implies acceptance that whether, when and how God chooses to lift the compulsive desire lies beyond the addict's control.

Concerning powerlessness, May makes a helpful distinction between efforts dedicated or consecrated to God and "mind tricks" that continue a pattern of attachment and control. For May, a mind trick effectively substitutes one addiction for another, while an act consecrated to God represents surrender "to the ultimately unknowable Mystery." Because the addict's interior disposition determines the valence, or power, of the act, only the addict herself or himself can know for certain whether an instance of prayer represents authentic, willing surrender or simply another willful attempt at control and management.

At this point, some readers might feel tempted to write off this solution as the same, largely unhelpful advice of the pre-Vatican II priest to "pray to Mary" for release from sexual feelings, e.g., when the desire for masturbation comes along. (One chilling version of this story ends with a young man jumping from the roof of a tall building before a crowd of horrified spectators, who can hear him reciting the "Hail Mary" on his way down.)

In contrast, the invitation to prayer I suggest presupposes an understanding of lust as, for some people, chronic and completely unmanageable. For such cases, I propose prayer not as a technique to attain freedom or mental health but as a means of surrendering to God at the initial moment when the compulsion begins to take hold.

Although one might argue that an addict could use any mantra to distract the mind from toxic stimulation, I have heard of no enduring success stories from turning one's attention to, for example, baseball. Rather, explicit belief in and surrender to a benevolent higher power seem somehow essential to the process of recovery and healing. The difference between the two approaches lies in the addict's interior disposition. In cases involving true addiction, willful attempts to manage feelings and behaviors have led almost universally to

failure, regardless of the technique. Making an authentic surrender then implies acceptance that whether, when and how God chooses to lift the compulsive desire lies beyond the addict's control.

CONSTANT VIGILANCE

For me as a professional minister, this has meant constant vigilance, both in apostolic situations (sacramental reconciliation, spiritual direction and the classroom) and in everyday life. I think here of the constant barrage of sexually explicit imagery I encounter in driving or walking down the street. On a daily basis I see women dressed provocatively and have to decide whether to feed my sense of excitement by looking again and perhaps following them, or simply admitting to God my powerlessness over their images and asking humbly for peace of mind.

In the course of admitting my powerlessness, I also can ask to see her as a person and not just as a sex object. By praying for her in this way, I begin to see her as someone with a family, a job, a life story. Without this immediate turning to God, I have found the compulsion to nurture and develop lustful thoughts and feelings that are uncontrollable. In contrast, graced habituation and my own desire for serenity in recent years has led me more often to look for God instead. Christians here may take comfort in the invitation of Jesus to "come to me, all who labor and are heavy laden, and I will give you rest" (Matt 11:28).

If prayer represents the immediate solution to the problem, then the longer-term solution entails service to self (getting enough sleep, working the program) and, especially, to others, which again brings the addict out of herself or himself to engage in healthy social relations. Some consider prayer itself the primary *opus Dei*, or act of divine service. This service may have a thematic character, such as holding a position in a recovery program, or a more generic nature, for example, doing something extra to help out at home, church or work. In this latter vein, one sex addict with long-term recovery suggests simply doing something kind for someone else and not taking any credit for it.

PERSONAL TRANSFORMATION

As a religious living in community, I think here of emptying the dishwasher when no one is around. The point is to let God draw one out of oneself and into

constructive, respectful, non-manipulative relations. Regardless of the particular act, personal transformation seems to depend upon doing service for its own sake rather than as a means to an end — even such a noble end as self-help. Given, of course, that addicts presumably enter recovery hoping to get better.

Alcoholics Anonymous speaks of the motivator as “enlightened self interest” because experience shows that people who work recovery programs solely to please their sponsors or spouses rarely stay sober. Having said this, I reiterate that an authentic act of surrender implies a release of control over the outcome of the prayer or service-act. A corollary from virtue ethics maintains that people develop character not as a goal in itself but as a by-product of behaving a certain way for its own sake.

Although any thorough treatment of sexual addiction would somehow incorporate the help of psychotherapy, service to others and engagement in community, I strongly emphasize that prayer constitutes the initial and primary means to deal with the thoughts and the feelings associated with lust triggers. This has to do with the particular nature of the sickness, where “acting out” can happen completely in the privacy of one’s own mind, even while praying, counseling a penitent or presiding at religious services.

Given this situation, where both the drink and the inebriation may occur both simultaneously and instantaneously, the need for immediate and direct recourse to God — in whatever form that may take — appears indispensable. Alcoholics rightly describe A.A. as a “spiritual program” and speak of their sobriety not as a one-time resolution but as “a daily reprieve, contingent upon our spiritual condition.” Such program slogans as “progress, not perfection” and “it works, if you work it” serve to reinforce this insight. Theologians familiar with the nature/grace controversies might then wonder who gets the credit for sobriety — the addict or God? The answer is “both,” although a discussion of the dynamics lies beyond the scope of this article. Indeed, as many addicts wisely attest, sobriety results from continual surrender, not from self-knowledge.

CHOOSING THE SOLUTION

For those who see their mental lust as a problem in need of a solution, the above suggestions may offer a measure of hope, mediated as they are by the experience

Unquestionably, the success of this venture requires the ongoing decision to “turn one’s will and one’s life over to the care of God, as one understands God.”

and the strength of others who have done well with similar issues. However, these ideas originate neither with me nor with the founders of Alcoholics Anonymous, but with those early believers who turned to God for help with a whole variety of affective problems.

Proverbs, psalms and the gospels all show men and women of passion seeking solace in God, and the apostle Paul writes eloquently of the inner conflict with sin and his hope for deliverance (Rom 7:14-25). References to this interior struggle abound in later commentaries, including those of Saint Gregory Nyssa, the Russian Saint Nilus Sorsky and Dorotheos of Gaza. Thus I link my proposal to the Judeo-Christian ascetical tradition, in the sense that discipline helps the practitioner to focus her or his attention and to foster an attitude of transformative prayer and action.

Unquestionably, the success of this venture requires the ongoing decision to “turn one’s will and one’s life over to the care of God, as one understands God.” While this may call for a short-term bloodletting, many of us over time have come to find the longer-term peace-of-mind an appealing trade-off.

Note also that the decision not to entertain lust seems as much a function of thought as of feeling. Addicts typically have years of acting out and the consequences upon which to draw in rationally assessing the seriousness of their condition. In many instances, an honest review of this history leads us to see that lusting even a little bit often has resulted in a loss of control, whereby we have chosen progressively more exciting and demoralizing behaviors in the quest for a more intense high. In this sense, recovery from any type of addiction consists first and foremost in recognizing the effects certain stimuli tend to have on us, and second in deciding, often moment-to-moment, not to expose ourselves to them.

Recovery programs, therefore, stress hearing and listening to personal stories, working with newcomers

and attending meetings, in part to keep before the addict the probable consequences of acting out. This thought process in turn lays the foundation for the possibility of an authentic surrender to God.

Nevertheless, the success of recovery depends ultimately not upon astute analyses and techniques but upon the acquired grace of willingness — that *sine qua non* that seems to come and go of its own accord. Here again, many of us have found that cultivating habits of prayer and service can help carry us through periods where the willingness to surrender may flicker or vanish completely. I think here of the Ignatian instruction to counsel the directee experiencing consolation to prepare for desolation, and vice versa. In a similar spirit, Ignatius of Loyola asks directees who seem to lack a particular desire if they at least have “the desire for the desire,” hereby making a kind of end-run around the question of initial willingness. Regardless, the need to establish a variety of integral social connections in order to enjoy effective and lasting recovery seems clear enough.

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A GENTLE HEALING

Kathryn Williams, P.D.D.M.



*Midwinter spring is its own season ...
When the short day is brightest, with frost and fire*

— T. S. Eliot, *The Four Quartets*

He was a proud man. We used to walk with him hand in hand. My sister Susan walked on one side of him with her straight brown hair and skinny legs. And I, Kath, with the pretty white curls and rosy cheeks, walked on the other side. I felt proud, too. I used to look up at his face and think, “*He is the most handsome man in the world, and he is my father!*”

We were known as the big family — the nine brothers and five sisters who lived in that schoolhouse in the country — an amazing array of characters. Mum seemed to be always washing nappies, and dad went fishing and took the boys with him.

Rainy days in New Zealand were long and cold. On those days, mum gathered us into the huge bed and spent the day reading fairy tales from the *Golden Story Book*. At other times she would make gingerbread dough. After our tiny hands had spent hours creating little figures, the gingerbread would be baked and eaten.

Country living was carefree — playing cops and robbers until dusk, and blind man’s bluff when the dark set in, and terrifying the younger children with scary tales of bogeymen, but when it was time

He was the head of the house, and it was easy to be head of the house when children were children. It was just like running his school.

to sleep, even the storyteller was afraid.

There was a timelessness about those years. Mum chasing us with the wooden spoon and always allowing us to be slightly out of reach. Lots of fun. Over all of this loomed the figure of the father. He was the head of the house, and it was easy to be head of the house when children were children. It was just like running his school.

SHADOWS AND LAUGHTER

On Sundays we were scrubbed up for the weekly outing of Mass. We sat in the middle row and wore squeaky-clean shoes that day. At the offertory dad passed a penny to each of us, and I recall the longing to keep it as I reluctantly dropped it onto the plate.

Of course, there were shadows, but even so, there was laughter. The giggles and the grace were tangible. There was love, and it rippled through this family.

Where is the summer, the unimaginable / Zero summer? (The Four Quartets)

The years slip by. Change, growth and new ideas. Teen-age rebellions, resentments, angers and frustrations. The ideas of a different generation tap into other angers and wounds of a proud man who knows not the art of yielding gently to change. Rifts occur, and children leave school and home, not really wanting to, but unable to bridge the growing gap that widens. Hostilities and hurts fester and are buried deep.

We took them with us. Like a shadow they followed me in my work, my travels, and often in the midst of my delights, the sadness would creep in, and I knew that there was a lot of unfinished business.

When I returned home, I would see my father, more and more distant from his family, sitting alone, glass in his hand. We all made efforts to bridge the gap — but by then it was too wide. There was a sadness and an

ambivalence about our efforts that nudged me always. I tried to reach out to him, but I felt ill at ease, and there was a stumbling quality about my efforts.

In our relationship, I felt conflict and an inability and powerlessness to change things. When I was away, I would dream of how I would be and what I would do to “*make thing better.*” But, on my return, something in me seemed to slip into the old ways of relating and tasting the same resistances, the same paralysis. A thought kept returning, “*I can handle other relationships, why not this one that is so precious to me?*” I could see the pain and guilt in our hearts. It ran deep, was silent and cut like a knife.

I recall reading some words from Jesuit Michael Buckley. They found a home in my heart, and I licked them like those candy sweets; the words were grace for me:

...there was an experience of a peculiar liability to suffering, a profound inability to do and to protect: an inability, even after great effort, to author, to perform as we would want, to affect what we had determined, to succeed with the completeness that we had hoped. (To Be A Priest, New York: Seabury Press, 1975.)

Let me disclose the gifts reserved for age, / To set a crown upon your lifetime's effort.... / Proceed, unless restored by that refining fire. (The Four Quartets)

Dad had rarely known sickness. Within months of his retirement, he had a series of strokes and was diagnosed with Parkinson's disease. His speech and independence were badly affected. For two years my mother cared for him at home. Each time I went home, I saw how he suffered. Tears slid down his cheeks in his struggle to communicate. Occasionally the words slipped out, “*I love, you Kath,*” or, “*I am sorry.*” There was a beauty and a sweetness about those moments that touched areas of my heart that I had been unable to enter — his brokenness brought healing.

SICKNESS AND HEALING

During this time, healing seeped into the hearts of all the family members. There was a fragility about it all — a forgiveness that was unspoken. It was simply there. Dad was being stripped, slowly and painfully, but so were we. By the time he died, he was at peace, and we knew he was going home, graced, loved and giving love.

On the eve of his death, mum called me in

Australia. “Come home, Kath, the time is near.” I rang dad before I left, “Dad, I’m coming home.” I could hear his muffled words, “I love you Kath.”

I was sitting on the plane having lunch, a book that I loved in my lap. One of those dog-eared books of James Herriot that I delighted in. I was thinking of dad and mum and his life and our lives and the way our family loved and played and laughed, and then how it was torn and bruised and broken, and the way that somehow it once more was gathered again, although the little slivers and fragments of grace that brought it together were so fragile and tender and founded on sorrow, but they were there.

*And what the dead had no speech for, when living, /
They can tell you, being dead: the communication / Of
the dead is tongued with fire beyond the language of
the living.* (The Four Quartets)

At a certain moment on that plane, my half-finished lasagne and glass of wine before me, I felt a sweep of arms around my shoulders, a breath of warmth on my face. The movement was tangible. It flooded my heart with love and filled my eyes with tears. My first thought was, “Dad has come to say farewell, to tell me he is now free.”

It was a whisper of grace; it shot through the ordinary moments and filled me with a tenderness that unbound parts of me that were unfree. I felt these bits gently loosen and respond to this touch. It was not only my father who had been transformed. I had been, too. The tears flowed down my cheeks, and they tasted salty as I caught them on my tongue. In these moments little kindnesses are remembered. The hostess came over with a box of tissues. She sat near me. I told her that I thought my dad had just died. I don’t know if she wondered about the smile in the tears. She handed me the tissues, and I wept. They were tears that had something of a gladness in them — a gladness that for a moment had touched eternity.

*History may be servitude, / History may be freedom,
see, now they vanish, / The faces and places, with the
self which as it could, loved them, / To become renewed,
transfigured in another pattern.* (The Four Quartets)

I recall that moment at times. When I go home, mum and I play the song that filled the church at his

They were tears that had something of a gladness in them — a gladness that for a moment had touched eternity.

funeral, “My Endless Love.” We talk about our lives and visit the lawn cemetery where dad now lies. My little niece voiced the words that were in our hearts the day he was buried. She played near the grave and tried to make daisy chains, dropping them into the earth and saying, “Granddad’s all better now.”

As I look over the complex relationship that we shared with a man who bore within himself the frustration of failure and loneliness, and then tasted the painful joy of coming home to his heart and loved ones, I can’t help thinking of the meaning of the word, “Farewell.” It means to Fare Well, to have the necessary strength for the journey.

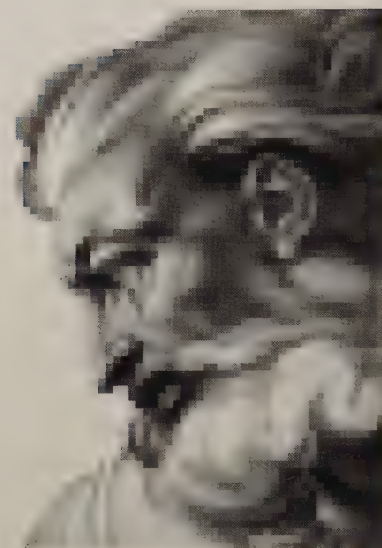
But it also means to have joy. The Greek word *chiarrete*: the joy of recognizing that the journey is not simply a march or a climb, but rather to be thought of as a dance that follows a pattern of steps. There is a waiting for the learning of the right movements. The learning is difficult and slow at times, but gradually the Lord of the dance leads and guides. It finally leads to life where there is perfect joy, where atoms and beasts and flowers and people and angels live in fullness.



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Changing the “Default” Image of God

William A. Barry, S.J., Ph.D.



The words “God loves us” roll rather easily off the tongue but do not seem to lead to instinctive reactions of joy and excitement when we think of God or hear the words “Let us pray.” Yet, when we are in the presence of someone who loves us, these are our instinctive reactions. I once saw a picture of young children taken just after someone had said, “Let us pray.” You can imagine their scrunched up and contorted faces, their hands tightly folded. They did not look as though they had just heard a call to meet someone who loved them very much.

I find that in my unguarded moments I have a “default” image of God. Almost without thinking I tend to beg for forgiveness for my past sins, or to beg for favors. I cringe interiorly when I imagine God knowing everything about me. So my almost spontaneous image of God does *not* feature what I have often seen in loving parents, namely sheer delight in their children, enjoyment of their company. I do not easily transfer that image to God, at least as a “default” position. My “default,” it seems, features God wagging a finger of blame at me, or at least looking at me with some unhappiness. I have noticed that many people have a similar “default” image of God. So while the words “God loves us” may trip off the tongue easily, they don’t seem to have much of an effect on our “default” image of God. In this article I want to look at the reasons for this “default” and its persistence and to suggest some ways to change it.

WHAT IS A "DEFAULT" IMAGE?

I take the idea of a "default" from computer usage where the "default" setting is the one that automatically comes up unless one specifies something else. For instance, on my word processor the default print type is "Times New Roman," and the default type size is "12." The word processor automatically uses these defaults unless I specify otherwise. When I speak of a "default" image of God, I refer to the self-God "image" that colors my spontaneous reactions when I become conscious of God. This "image" is not a conscious, well-delineated picture; rather, it is an unconscious psychic structure or schema that affects my reactions and responses when I become conscious of God. It is similar to the unconscious psychic structures that color my interactions with people, what psychologists sometimes refer to as self-other schemata (or patterns).

But before discussing these schemata it might be well to note that these are a sub-set of a larger group of such structures that are learned through the course of life and that help us to make sense of the complexity of experiences that bombard us all the time. It is said that babies first experience the world as a "booming, buzzing confusion" that they only gradually begin to master. They must learn the difference between themselves and the outside world, between a nipple yielding milk and their own finger, for example. They come to make these distinctions by noting, gradually, differences in their experiences and associating the differences with different stimuli. These distinctions become ingrained as schemata (psychic patterns) that allow children to know immediately that one experience comes from sucking on a nipple, another from sucking on a finger. These distinctions become ingrained, and with them the children make sense of the confusion around them.

DEVELOPING INTO ADULTHOOD

The French developmental psychologist Jean Piaget maintains that when we meet a new experience, we first assimilate it to a schema we already have learned, e.g., "It's a dog." If the thing encountered is not a dog we are puzzled and gradually learn the difference between this thing and what we knew as "dog." It's like a "dog," but different. We find out that it is called a "cat." Now the schema that saw all moving and furry things as "dogs" must accommodate to include

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"cats." This process of assimilation and accommodation is how, according to Piaget, humans develop into adulthood. One more thing about this process: When we encounter something that does not fit a pattern already learned, we experience some inner turbulence, some anxiety. We are momentarily at a loss. We regain equilibrium either by realizing that the new thing is just a slightly different version of what we had expected or by accommodating to the newness and thus learning a new category or schema. But if the anxiety is very strong, this accommodation or learning may be quite difficult.

SELF-OTHER IMAGES OR SCHEMATA

The most important of these schemata for human beings are those that help us to make sense of our interpersonal relationships. We become human by relating to other human beings. Through the same process of assimilation and accommodation we develop a network of self-other schemata that makes sense of and colors all our interactions with other people. (These schemata are the ones called "object relations" in psychoanalytic theory.) They are built up on the basis of experience with people over the years of our lives.

They begin with the first differentiation made between self and another, perhaps between the self and the mother. Once children have learned the difference between their mother and themselves, their mother's face brings smiles when it appears. But have you noticed how babies smile at all faces at first? All of them, it seems, are, to the babies, the same as the mother. Then comes the moment when they notice something. "This face is not mother's." The children may cry or move away. They must now accommodate this new experience. Some faces are not mother, but different. As they differentiate multiple others with

Many, if not most, of us have a “default” image that automatically makes us cringe, grow serious or cower when we are reminded of God.

whom they interact, different emotional states are associated with these different people. But the self-other system evolves from the initial differentiation from the mother and always carries the residue of that initial learning; hence, it is an interlocking system, not a series of separate and unconnected structures.

As an adult, each time I meet a new person, I assimilate him or her to one of these schemata. A stranger may, for example, remind me of a beloved sister; my first reaction is attraction to this stranger and the desire to engage her in conversation. Instant likes and dislikes are explained by such assimilation to existing self-other schemata. Of course, if I am to develop a real relationship with this stranger to whom I am attracted, I must accommodate to her newness and learn how to relate to her in her uniqueness. If a new friendship develops, however, it will always be indebted to the initial attraction.

ANXIETY-PROVOKING EVENTS

These schemata can be more or less flexible and thus more or less able to accommodate to newness. Developmental psychologists believe that relatively rigid psychic patterns develop in order to deal with traumatic and anxiety-provoking events. For example, children who are seriously abused by an adult experience strong anxiety. They must learn quickly how to escape from this anxiety-provoking situation. If it seems that they can only escape by placating the adult, then they learn to engage in placating behavior with this adult. The learned reaction can, however, be triggered by anyone who resembles this adult. It is very difficult for them to unlearn such a behavior pattern because they find it difficult to stay in a situation with a stranger who triggers the reaction long enough to learn that this new person is not threatening.

An example from an animal experiment may help us to understand such rigid structures. One can put a mouse in a white box where it feels safe; the mouse will not jump over to an adjacent black box. Apply an electric shock in the white box, however, and the mouse will quickly jump over to the black box. The experimenter does not have to repeat this procedure more than a couple of times before the mouse has learned to jump out of the white box as soon as it is put into it. From now on, no electric shock is needed. In fact, if the experimenter tries to get the mouse to stay in a white box, which now is free of electric shocks, the mouse will do everything to get out of the box and will even exhibit “crazy” behavior. The mouse has learned to associate “white box” with “shock” and acts accordingly. The schema is rigid and very difficult to change; accommodation does not easily occur. Severe anxiety tends to create such rigid patterns in us humans, and these patterns lead to repetitive reactions to any new person who reminds us of the one who caused the severe anxiety in the first place. Such learning explains inappropriate, self-defeating and neurotic behavior that leads to the need for some kind of psychological therapy.

To round out this short, and inadequate, tour of psychological theory about self-other schemata let us look at how such psychological therapy helps to change the behavior patterns. The clients enter therapy because the behavior patterns are causing trouble in life and in relationships. The clients make a positive working alliance with the therapist who agrees to relate to the clients in such a way as to help them to change their self-defeating patterns of behavior. The strength of this alliance enables the clients to remain in the therapy even when the same patterns of behavior are aroused in the interaction with the therapist. In the course of the therapy the clients learn that they can engage appropriately and in an adult fashion with the therapist and thus with others. They learn new self-other schemata, in other words. But the positive working alliance “holds” them in the threatening situation long enough to learn these new patterns.

THE “DEFAULT” SELF-GOD IMAGE

The reader may be wondering what this psychological theorizing has to do with the question of one’s image of God. We began by looking at our spontaneous reactions to the mention of God or of prayer. These reactions are learned responses. They derive from the

same kinds of learned patterns as do our reactions to people. These patterns or schemata color our reactions to God and are, I maintain, “idolatrous” because they do not correspond to the reality of who God wants to be and is for us.

Our unconscious image of “self-in-relation-with-God” derives from and, as a result, is colored by the self-other schemata we have developed over the course of our lives in dealing with other people, especially significant other people. The self-God image, in other words, is enmeshed in the complex self-other schemata with which we engage in all human interactions. Thus, our relations with our parents and other significant authority figures of childhood color our way of relating to God. In addition, we began developing this pattern when we were first introduced to the idea of God, and it is colored by the images of God taught to us in childhood and also by how we, as children, grasped these notions and images. Our “default” schema of self-in-relation-with-God has, therefore, like all our “defaults” for self-other relationships, some rather primitive features. Moreover, many of us have not allowed the self-God schema much room for development in our later lives. Hence, many of us walk around with a “default” that is still rather undeveloped. This “default” can be idolatrous indeed.

DIFFICULT TO CHANGE

Because it developed when we were very young, it may be very difficult to change. The image of God we develop is a way to make sense of the great mysteries of life on this earth, especially the mysteries of accident, pain, loss and death. Why we exist at all is one of the fundamental questions that confronts anyone who becomes aware of the fragility of life on this planet. Children become aware of this fragility through the death of pets, of siblings, of grandparents, of friends. God is often invoked as the one who causes these deaths. Adults try to soften the blow to children by such statements as, “God took Nana because He loves her.” Children are then left to wonder who will be the next one God will take from them because of this “love.” But more fundamentally, God is invoked to make sense of these terrible events and to soothe the anxiety connected with them. Schemata developed to deal with strong anxiety, as we noted, tend to be relatively rigid and difficult to change. Because the self-God pattern of relationship is reinforced, often enough,

Why we exist at all is one of the fundamental questions that confronts anyone who becomes aware of the fragility of life on this planet.

by authoritative church teaching, it may be even more difficult to change. In addition, many of us, even those who go on to higher education, may not have had our religious schemata challenged much at all. Indeed, if I may, again, cite myself as an example, even after a great deal of theological learning and years of prayer and spiritual direction, which have challenged my self-God schema, I can still react with the “default” schema of my childhood rather easily.

CHANGING THE “DEFAULT”

So the question arises: How can we change the “default” schema? We need to begin with one clear fact, namely, that our self-God schema will, in this life, at least, never be adequate to the reality of God because God is the Mystery that we can never comprehend or understand. In fact, the word God is only a pointer into that Mystery. God is, as Saint Ignatius of Loyola was wont to say, “ever greater” than anything we can grasp or know. The only thing we can hope for is that our self-God schema becomes more adequate to the reality of God. How can this happen? One way, and a tried and true one, is to hear and to read more about God from theologians and spiritual writers whose own grasp of God is more adequate to the reality of God. In other words, many of us need remedial education in God matters.

But theological education goes just so far in changing deeply rooted, emotionally charged unconscious patterns. Something more is needed. Perhaps the analogy with psychological counseling will help. I noted that the working alliance forged with the therapist holds the client in the relationship even when the self-defeating patterns of behavior that brought the client to therapy are activated. I maintain that many people need help to develop such a “working alliance” with

I often encourage people to contemplate the beauties of nature with the desire to know in one's bones God's creative desire that brings it all into existence and keeps it in existence.

God so that God can gradually alter the self-God images that are our "defaults." The aim of much of our religious and spiritual formation, I believe, should be to help people to develop such a "working alliance."

A British psychiatrist long ago put the matter this way:

*The enjoyment of God should be the supreme end of spiritual technique; and it is in that enjoyment of God that we feel not only saved in the Evangelical sense, but safe: we are conscious of belonging to God, and hence are never alone; and, to the degree we have these two, hostile feelings disappear.... In that relationship Nature seems friendly and homely; even its vast spaces instead of eliciting a sense of terror speak of the infinite love; and the nearer beauty becomes the garment with which the Almighty clothes Himself (J. S. McKenzie, *Nervous Disorders and Character*. Cited in Henry Guntrip, *Psychotherapy and Religion*. New York: Harper, 1957, 200).*

Such experiences of God help to change the "default" many of us have carried around since childhood. They also establish what I have called a "working alliance" with God. I believe that such experiences underlie the "Principle and Foundation" of the *Spiritual Exercises* of Ignatius of Loyola. Only when one has a rather firmly established "working alliance" can one move into what Ignatius calls the "First Week" and ask God to reveal one's sins and sinful tendencies. In other words, one needs a better "default" image of God in relation with oneself in order to let God reveal one's sins and sinful tendencies. No one whose God is a nagging and angry scold would dare to ask God for

such a revelation. Those who have formative roles in the church need to take McKenzie's advice seriously because it is a matter of helping people to have a right relation with God.

As my contribution to this formative work of the church, let me suggest some ways that might allow God a chance to change the "default." I often encourage people to contemplate the beauties of nature with the desire to know in one's bones God's creative desire that brings it all into existence and keeps it in existence. In the process they can ponder such texts as the creation story of the first chapter of Genesis or the one from Wisdom 11:24-26.

*For you love all things that exist,
and detest none of the things
that you have made,
for you would not have made
anything if you had hated it.
How would anything have endured
if you had not willed it?
How would anything not called forth by you
have been preserved?
You spare all things, for they are yours, O Lord,
you who love the living*

In Brazil I read these words in Portuguese and was deeply moved by the translation of the last words as "amigo da vida," "friend of life" or "friend of the living." Since then I have asked for the grace to let these words sink in so that I more spontaneously react to God as wanting to be my friend and enjoying my company. Let these words sink into your heart. Ask God to help you to relish them, to believe them, to have them become your "default." What we want and need is to believe and to experience that God likes us, enjoys us and wants us to enjoy God's presence.

PRAYING PSALM 139

One can take other texts for the same kind of exercise. Some people find it helpful to pray slowly the first eighteen verses of Psalm 139, which begin: "O Lord, you have searched me and known me." To be truthful, with the "default" most of us have these words can evoke some anxiety. The wagging finger image can come into play. But later in the psalm we read: "For it was you who formed my inward parts;/ you knit me together in my mother's womb./ I praise you, for I am

fearfully and wonderfully made./ Wonderful are your works;/ that I know very well" (13-14). People who have persisted in praying this psalm have grown comfortable and trusting in God's presence, so much so that they then can say and mean the last words: "Search me, O God, and know my heart;/ test me and know my thoughts./ See if there is any wicked way in me,/ and lead me in the way everlasting" (23-24). One can only say these words honestly and with fervor if one believes that one is deeply loved and cared for, the fruit, often, of repeated praying of the early parts of the psalm.

What these examples suggest is that the "default" image of self-and-God is transformed through experiences of God that differ from what the default expects. As we put ourselves in the way of having such experiences, we may experience some anxiety because the default can be strong. But these new experiences give us the foundation we need to be attracted to exploring the relationship with God in new ways. As we experience God as desiring our companionship, our friendship, we become more willing to continue the exploration. Of course, there will be setbacks, times when the default takes over, and we will shy away from prayer and from any closeness with God. But the foundational experiences will, it is hoped, forge a strong relationship of trust, a "working alliance," as it were, that attracts us to keep coming back to prayer. Gradually, if we continue the process, this new self-God pattern takes precedence in the way we react to God. However, we need to remember that the new schema is built upon the old one, which remains and to which we can regress in times of inner or outer turmoil or distress. As I noted at the beginning of this article, the original "default" still can take hold of me in spite of years of prayer and study.

SPIRITUAL DIRECTION AS A HELP

In this process of growth toward a new "default" in regard to God spiritual directors can be most helpful. Such companions function analogously to a counselor. However, they help us by focusing our conversations with them on what happens when we consciously engage in the relationship with God. Spiritual directors help us by developing with us a "working alliance" that

Gradually, if we continue the process, this new self-God pattern takes precedence in the way we react to God.

makes the relationship with God the central topic of conversation. Spiritual directors, who are most helpful in the type of journey I am suggesting, are those who are not authoritarian and directive, but who listen well and keep encouraging us to return to the encounter with God. They also help by pointing out the blind alleys we get into and enabling us to see how we got into them.

CONCLUSION

We carry the baggage of our upbringing into all our adult relationships, including our relationship with God. Just as our adult relationships with close friends are colored by the residue of all our past relationships, so, too, is our adult relationship with God. The relationships with our friends develop into mutual bonds of trust and challenge through the experience of engaging in them and working through the effects of the residue from past relationships that often get in the way of establishing such bonds. We can move beyond the "default" self-other schemata formed in childhood by engaging with our friends and suffering the ups and downs entailed in the maturing of any close relationship. So, too, our relationship with God can develop from the "default" image into a mature and more adult relationship. The main reason that it can is that God wants it to develop. God likes us and wants our friendship. God wants each of us to engage in a relationship of growing intimacy and friendship. If we do so, we will find that our default has changed, almost by osmosis.

Love Did Not Deter

James Torrens, S.J.

Love Did Not Deter

*Ignacio Ellacuría, S.J., and Companions
November 16, 1989*

Love of some speck of land
away a far cry
and of its beaches where the radio
held to the ear brought *futbol*

love of banter and a good laugh,
of a smoke and a good read

love for the touch of strings
rousing a congregation

a teacher's love
for unspoiled minds
and for the desperate to learn

love of those trudging home
from relentless work

and of that jeweler's artifact,
of life

did not stop their mouth,
stifle their indignation,
at the taskers, the hoarded fruits

didn't muffle their shouting
into the walled compounds,
keep their names out of the paper,
or off the ominous list.

Love for life
at the hour of terrible exactions
did not deter them from death.

Pondering scripture — letting it weigh upon me, as Father Ron Rolheiser would say — I find the following sentence to be among the most tantalizing: “Whoever wishes to save his life will lose it, but whoever loses his life for my sake will find it” (Matthew 16:25). This statement of Jesus concerns the cost of discipleship. In Matthew it is followed by two equally familiar and ringing sentences: “What does it profit a man to gain the whole world and suffer the loss of his own soul? Or what exchange shall a man give for his soul?”

In translating the latter two sentences, I have reverted to the old *Douai Reims* translation. To our ears the *Douai* version sins egregiously against inclusive language, but I like the choice it makes not to repeat “life” but to switch to the word “soul.” The original Greek seems to stand against that choice, for it employs the same word, *psyche*, in all three sentences. The Latin Vulgate of Saint Jerome renders *psyche* each time as *anima*. But translation is, after all, interpretation. I like the *Douai Reims* solution because the latter two sentences focus upon the inner core of a person, a person's spirit or whole worth before God, or, in familiar parlance, one's “soul.” The first sentence, on the other hand, does quite literally refer to “life,” one's perdurance, physically, here and hereafter.

“Whoever wishes to save his life will lose it,” says Jesus, in this terse paradox. He is talking about our individual existence as a matter of excessive self-concern, of preoccupation. Today, in a world teeming with health products and health publications and health-care expenditures, Jesus still addresses us about priorities. It is not easy to get his message right, given the undeniable fact that neglect of one's health, physical or mental, can often approach sinful negligence.

Examples often explain things better than philosophizing. For me the message of Jesus plays itself out in the story of the six Jesuits who died for

their Christian and Catholic convictions in San Salvador fifteen years ago. I came to know them in the early eighties, when traveling to El Salvador with two human rights delegations. We heard from several of these Jesuits in a seminar and were struck by their forceful and unified voices for social change, in the face of a privileged caste lording it over the peasantry, rural or urban.

The Jesuit contingent was mostly Spanish with a distinctly Basque flavor, and university men. They were vigorous reasoners, determined to effect change through their teaching, publications and public influence. This they did in the midst of a civil war, with a militant uprising underway.

One of the six who perished, Ignacio Martin-Baró, known as “Nacho,” was the academic vice-president of the Jesuit school, *la Universidad Centroamericana*, or “*la UCA*.” He visited the University of Santa Clara, while I was teaching there, to describe and discuss the conflict in El Salvador. He did so trenchantly. On my second visit to El Salvador, he picked me up at the airport — no one dared to come into town on their own — and drove me toward the capital city. I told him of a student at his lecture who insisted that Communism was behind all the tension in El Salvador. Nacho pointed up to a shack along the road as we drove by and said, “There’s Communism.”

These serious men, however — including Jon Sobrino, who mercifully escaped the slaughter — were the ones I also remember as laughing among themselves at the end of the day about various characters and incidents. None was more serious and trenchant than the president of the *UCA*, Ignacio Ellacuría, but his human side came out in his passion for soccer and his friendly way of mixing with the students.

And the priests as a group treasured the rare times they could escape to the beach along the Pacific.

One Sunday, Martin-Baró took me out to the parish that he served. I recall the transparent warmth of the people whom I met there, living under suspicion and in danger continually. At Mass his guitar, tapping into the musical vein of Central America, set them off into rousing accompaniment.

A few of the Jesuits at the *UCA* smoked heavily. “Don’t do that!” I felt like crying in alarm. “You need to stay around and keep up the fight.” What I failed to appreciate, of course, is that for them the fight was a matter of making it through each day, sure to be full of grief and menace. The house where I first visited them, in a neighborhood near their school, was walled in behind a small garden. They showed me where the wall had been pockmarked with bullets fired off one day by the military in a rattle of intimidation. Such a gesture carried a lethal message.

The day would come, during an offensive of guerrilla forces against the capital city, that the wrath of the government and military would boil over into a murderous assault. Tragically, a housekeeper and her daughter were caught up in the carnage.

As I have pondered these brave men and their destinies, a phrase from Revelation has come repeatedly to mind. It refers to martyrs who had witnessed to Jesus Christ against the ferocity of the Roman Empire: “Love for life did not deter them from death” (12:11).

I have wondered how to relate this encomium to my own padded and unthreatened life. I have concluded that mostly it comes down to paying the cost of discipleship day by day. Am I able to go out of myself on behalf of someone who seems desperate or with some obvious big

need? Can I forget myself — my writing projects, my cherished reading, my entertainment and “breathers” — for the unscripted demands of the Kingdom?

And this is just part of it. Over and beyond lies a bigger test: Do I keep myself ready to die? As I drive out onto the speedways of Los Angeles, am I still anxious about perishing? When I go up into the pulpit, am I as committed to my message as the preachers in countries where to do so is to take one's life in one's hands? As I flop into bed tonight, after the “*Nunc Dimittis*” of compline, am I okay with the prospect of perhaps waking up elsewhere, in God's arms?

A Jesuit old-timer, Leo Madigan, had his own wry answer to these questions. “I tell God I'm ready whenever He wants,” Leo would say, and then pause and add, “but there's no hurry.” I think my brothers in El Salvador must have often prayed this way. They did not at all “go gentle into that good night.” The night of the assault, Martin-Baró was heard to yell at one of the soldiers that he was doing a rotten thing. But they had lived for years with the threat of a violent end, and their acquiescence was on the altar, renewed daily.

The above can be said as well of Sister Ita Ford and her companions, who were raped and murdered on their drive into San Salvador from the *Soyapango* Airport. “Love for life did not deter them from death.” It was true of numerous church workers, teachers, union leaders or other activists who paid the price in that country the size of a postage stamp.

As I was preparing this essay, I happened upon the following from the diary of Thomas Merton. It is quite relevant. He is discussing “our unconscious fear of death.”

We are always holding death at arm's length, unconsciously trying to think ourselves out of its presence. . . It is [the person] who does not fear death who is more ready not to escape it, and when the time comes he faces it well. So he who faces death can be happy in this life and in the next, and he who does not face it has no happiness in either. This is a central and fundamental reality of life, whether one is or is not a “believer” — for this “facing” of death implies already a faith and an uprightness of heart and the presence of Christ, whether one thinks of it or not (Entry for November 25, 1958, in *The Intimate Merton*, edited by Patrick Hart and Jonathan Montaldo).

The words of Merton apply to the sacrifice of so many “bravehearts” in the troubled spots of the world, and they are an excellent gloss on those words of Jesus about discipleship ringing down to us through the centuries.



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To Lessen the Pain — A Call to Action

Tom Smith



There was a time when I was completely and utterly convinced that there was no reason for me to keep breathing. Being in my skin was painful. Every time I woke from sleeping I was crushed by the weight of my own consciousness. I lay in my bed for months at a time, not eating, not showering, not speaking to anyone. There were three major depressive episodes. They came in-between attempts to do something with my life, and I really did enjoy college, I loved learning, I loved my friendships....But the depressions would hit, and within a month I'd be failing classes, terrified of friends, unable to hold a job and back home to Broken Arrow, OK, to live with my parents.

My manic episode was not so easily agreed upon; I was the dissenting member of our family meetings. I did not believe there was anything "wrong" with me when I was manic, though afterwards I began, painfully, to recognize the end of the episode as psychotic, delusional and paranoid. The manic episode took place between the second and third depressions, and it lasted four months. In the beginning, it was wonderful. I thought I knew everything that was important to know, I thought I sensed all things, all motivations and souls of people, all movements of the Spirit through the earth, through

But mental illness is often feared and widely condemned, with a stigma rooted in superstition, misguided myths, misunderstanding and powerlessness.

minds and inner planes. I had an energy that, superficially, made me "frenetic, bossy, inexhaustible, rude, incomprehensible," according to the people who watched me go through it. I do remember how I was, and I can understand why I was described that way. But that rudeness is not the kind of energy that I really remember. I remember myself being completely in touch. In touch with...God, with life, with the earth, the sun, my soul, all souls, ancient feminine power, the human condition itself...it is impossible to explain, impossible, because the experience itself had nothing to do with language. The only words I can think to describe it now are words that have become so flimsy and overused that they seem to indicate different things than what I mean to say. Talking about what mania is like requires important decisions. The language a person uses to define the experience of mania says a lot about her beliefs and how she sees the world. And I haven't made up my mind yet about how to understand it.

Our bipolar daughter, Karla, wrote those descriptions of depression and mania probably in early 2002. In the summer and fall of 2002 she slipped into another major manic attack followed by a deep depression. On Jan 13, 2003, around one in the afternoon, she shot herself and died instantly. Our grieving continues.

Millions of people suffer from some form of mental disorder. Many millions more have a loved one who struggles with these demons. There are chemical, personal, spiritual and social dimensions to these many illnesses. And there is pain, a pain that cries to God for help and to society for understanding; a pain that longs for transformation and demands action.

The pain is intense — but baffling. The pain is deeply personal — but extends immediately to family, friends, co-workers and society. The pain is as real as

that caused by cancer, diabetes, heart failure or multiple sclerosis. But mental illness is often feared and widely condemned, with a stigma rooted in superstition, misguided myths, misunderstanding and powerlessness. The societal stigma compounds the pain. Sometimes this stigma is overt and obvious. Other times it is more subtle and inadvertent. Common phrases such as, "You're crazy," or, "He's nuts," or "She's loony," are, at best, insensitive and, at worst, downright destructive. These phrases should be banned from our society just like racial phrases and jokes are unacceptable.

UNDERSTANDING AND SUPPORT

Recently, my wife, Fran, was visiting in Milwaukee. While having lunch with friends at an outdoor café, a man walked by, talking to himself loudly and oblivious to everyone else. The conversations at all the tables stopped as the diners stared at the man, and then the people started laughing at him. Fran cried. She cried both for the man and for the people who were sneering at him. The man was surely hallucinating, presumably because of some mental disorder. The stigma and the sneering must be replaced with understanding and support. We who are even minimally aware of the devastation and the involuntary pain that accompany mental illness cannot rest until incidents like this never occur anywhere.

There is hope, and even joy, in this difficult world of mental disorders. Medication can help; the love and support of family and friends can help; counseling can help; acceptance helps; and love always and everywhere helps. And our faith in God certainly helps.

The God I believe in knows our pain. Jesus experienced our pain. There were times during Karla's illness and certainly during and after her death that my pain was so deep, so expansive, so endless that pain was all I could feel or know. It was, and sometimes still is, my greatest suffering and crucifixion. There is a death in me. My meager consolation is that my God knows my pain and that Jesus suffered similarly. I call it meager because this faith does not always take away the pain.

Karla had a similar faith. On January 10, 2003, right after they released her from the hospital contrary to our pleadings, she wrote in her journal from her room in Tulsa. This is her prayer:

My God, my God, I am home. Not by external circumstances may I judge your kingdom or my place in it, but

*the graces you bestow, my closeness to you, Holy Father.
 I am so blessed by your gifts I receive every day.
 You have wrestled me free from the hands of death and
 placed me in the loving care of beautiful people. All
 around me I feel the blessedness of your gifts to me.
 Make my soul clean as I sleep; restful dreams and
 thoughts await me. Your infinite kindness brushes my
 cheek as I rest. The angels stand by to praise you with me.
 I am home, loved by many, and healing.
 Thank you, God. Thank you, Jesus, for another day.
 Amen. Love, Karla*

As far as we know, this prayer was the last thing she wrote, and she wrote extensively. Three days later, she shot herself.

How do we put her hopeful, confident prayer together with her suicide? I pray about that and reflect on that often. There is no simple, immediate, satisfying answer. But here's what I believe, and I submit that it applies to her, to me and in many ways to all of us: God is with us in our pain, not always to take away our pain, but to simply be with us. The historical passion and death of Jesus lasted perhaps a day or two.

Sometimes our periods of pain last longer and our cries of "My God, my God, why have you forsaken me?" emerge more often. I know there is resurrection, victory, joy and peace. But sometimes moving too quickly to that part of the mystery of Jesus undermines the reality and the persistence of the pain. The pain must be identified, named, experienced and accepted before the true joy of the resurrection is felt as real. Pain co-exists with faith.

This mixture of pain and faith can bring about a gradual transformation. Both religion and psychology are agents of this transformation. Healthy religion and sound psychology search together for the stirrings of the Spirit embedded in our psyche, genes, soul and being. No part of us escapes the warmth of God. We are God-etched. Faith and psychology find this God-print, transform the pain into acceptance, convert anger into peace, change loss into gain and transfer depression into hope. For most of us this transformation takes time and work. It is not automatic, but it does happen, even when faced with severe mental illness and suicide.

SUGGESTIONS FOR ACTION

This transformation leads to action as well as awareness. Here are a few suggestions for action.

Many of us need to learn more about mental illness. The causes, implications, treatment, medication, history and containment of these disorders are described in many books and magazines, including *HUMAN DEVELOPMENT*. Libraries and the Internet provide access to much more information. For example, the Depression and Bipolar Support Alliance has a wonderful website that will lead us to as much knowledge about these common mental illnesses as we will need. The website address is: www.dbsalliance.org. When you finish browsing this website, switch to www.inmemoryofkarlasmith.com for links to other informative sites and to read more about Karla and our response to her death. While you're there, light a candle in her memory. The more people who are better informed and who share their knowledge with others, the more quickly our society will respond with greater understanding and empathy for people suffering from mental illness. And together we will lessen the pain.

Secondly, support the people you know who suffer from mental illness. If you say you don't know anyone like that, look more closely. There are millions and millions of people, some diagnosed and being treated and many others undiagnosed and untreated, who are clinically depressed, schizophrenic, bipolar, borderline personality disorder, obsessive-compulsive or who have some other form of mental disorder. Quite likely, you are related to or know at least one of them. How about that cousin you think is "strange?" How about the co-worker who always seems sad? How about the neighbor who is reclusive and seemingly belligerent? Be careful not to judge prematurely, but it's likely that you know someone who suffers from mental illness. When you have the courage and the sensitivity to approach this person with love, make a supportive contact and offer to be there for that person with understanding and gentle kindness. There are support groups in every community that can offer guidance and emphatic companionship. And together we will lessen the pain.

Thirdly, there must be greater advocacy for people who are victims of mental illness. Many times these victims cannot advocate for themselves because their illness absorbs all their energy and time. Better diagnosis, better treatment, especially for people who cannot afford expensive treatment centers, better insurance coverage, better laws, better education in our schools and in society about mental illness, greater understanding among all people, more research, better med-

ication and a lot less stigma attached to mental illness are all areas where extensive advocacy is needed. I want to comment briefly about one of these areas.

The policy in some places (sometimes supported by state law and/or regulations) states that to be admitted to a mental health treatment center mentally ill people must be an immediate physical danger to themselves or others. In other words, they must prove they are currently suicidal or homicidal in order to be admitted. Severe depression, emotional instability, hallucinations and extreme agitation do not warrant inpatient treatment. We dealt with this policy a number of times when Karla was depressed or manic. She was uninsurable and, therefore, became subject to state regulations, as are millions of other mentally ill people. The complex regulations governing hospitals, institutions, medical practitioners and patients coalesce into a system that at times hampers effective care. There were occasions when she clearly needed in-patient care and couldn't receive it. I suspect that she was released the Friday before she killed herself partly because of these complex and sometimes conflicting regulations. Those policies are sinful, and they must be changed. We must advocate for policies that are more responsive to the needs of people who have a mental disorder. And together we will lessen the pain.

My fourth suggestion relates to those of us who belong to faith communities. The Christians among us believe that the death and resurrection of Jesus grounds all of life in hope. I mean — all of life! I mean even mental illness, with all of its damp, dreary, draining and destructive depressions...with all of its illusions, anxieties, irrational fears, hallucinations, frenetic confusions and tangled flights of fantasies...with all of its slippery pain, freezing isolation, culturally inappropriate and unacceptable behavior and socially stigmatized status...with all of that and much more that defies words and descriptions...with all of that, we Christians believe that there is hope, there is redemption, there is peace and there is joy. That's what we mean when we believe that Jesus is Lord and that his resurrection overpowers the pain it does not always take away. We are fundamentally grounded in hope.

That's why our faith communities can be leaders in offering real and concrete support for people who suffer from mental illness and for the family and friends who love them. In our society, the mentally ill are among the least of our brothers and sisters, precisely the types of people Jesus sought out, comforted and even cured.

Continuing that mission, our churches can be havens of understanding, consciously reaching out to the depressed, bipolar and schizophrenic people in our families, our neighborhoods, at work and in our congregations.

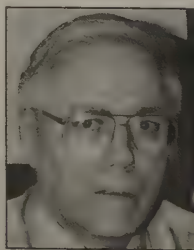
PRAY FOR THE AFFLICTED

We can pray for people afflicted with mental illness. I don't mean just praying privately. I also mean intentional, explicit, public prayers of the faithful that acknowledge our dependence on God, call the whole community to greater awareness and predispose us to look for and be more accepting of people who have a mental disorder.

We can form groups in our congregations that are knowledgeable about local resources and can refer people to those resources. We can form support groups that will protect anonymity when necessary but that can offer comfort for family and friends of mentally ill people. Many people try to cope privately and in isolation because they fear coming forward. When our churches make it clear over a long period of time and with warmth and hospitality that it is safe and valuable to seek comfort and support, and people know where to go to get that comfort and support, more people will take that step. And we will lessen the pain.

Become more informed; take the initiative to support people you know who are mentally ill or have loved ones who suffer; advocate for needed change in the world of mental illness care and policies, and urge your local faith community to become more intentional about providing a safe haven for those who are immediately affected by these disorders.

And trust in the Lord who will guide us. And together we will lessen the pain even more.



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Ministering to Suicide Survivors:

From Basic Care to Supporting the Integration of Traumatic Grief

Katherine Tardif, M.A.



I want to know if you can sit with pain, mine or your own, without moving to hide it or fade it or fix it.

— *The Invitation* by Oriah Mountain Dreamer

Suicide survivors do double duty as they grieve. On the one hand, they have lost a loved one. They are grieving a significant death, much as other people do. On the other hand, they experience trauma due to the way the loved one died. According to the International Critical Incident Stress Foundation, trauma is any event outside the usual realm of human experience that is markedly distressing. That definition opens trauma beyond incidents of rape, abuse, torture, terrorism, war and natural disasters to include the loss of loved ones through violent means such as homicide or suicide. This dual status of suicide survivors makes ministering effectively to them more complicated than simply providing them with grief support. However, due to the nature of trauma — especially its ability to shatter all beliefs about self, others, God, and life — ministers can be a key part of a suicide survivor's healing process.

Ultimately, the goal of healing should be to integrate the suffering into their lives and discover a deeper meaning in it than just personal loss, brokenness and disillusionment.

As psychological literature on loss and trauma points out, no one ever recovers from such a traumatic loss; the loss resides in the survivors for the rest of their lives. At a minimum, those who have lost loved ones to suicide (survivors in this article) need to move beyond defining themselves solely by the event of this loss. Ultimately, the goal of healing should be to integrate the suffering into their lives and discover a deeper meaning in it than just personal loss, brokenness and disillusionment. For many, religious or spiritual beliefs help them develop this deeper meaning. As Melissa M. Kelley states in *Bereavement and Grief Related to a Significant Death*, times of crisis “bring us in touch with the essential ground and mystery of life” and “compel us to encounter our own limitations in the face of inexorable life forces.” People turn to religion or spirituality because they find “no other source of reason or solace,” as Thomas T. Frantz and his colleagues discovered in a review of studies on those who lost loved ones.

Ministers — lay and ordained — are in a unique position to help suicide survivors deal with their losses. Ministers possess a foundation of wisdom and proven practices from Christian spirituality and beliefs. They can engage the survivor from their common humanity and compassion grounded in the experience of and trust in God’s unconditional love. And as a channel of God’s love and grace, they stand in and act out of the transcendent mystery of life that makes sense of suffering and all life.

Ministering to suicide survivors has many dimensions: acknowledging the loss; communicating care and concern; letting them know that they are not alone in their suffering, at the human and divine levels; sharing information about suicide and survivorship; listen-

ing to the varied expressions of grief and confusion to foster integration of the experience; giving them hope that they can survive this loss; and exploring the spiritual aspects of this crisis to nurture growth. Not all ministers have the ability or time to be with a survivor through all phases of healing, and that is fine because survivors call upon a variety of ministers — and ministerial contexts, such as retreats — in an occasional way over the course of their life to support and guide them in meeting needs.

To explore how a minister can help a suicide survivor heal, I will first describe the emotions, reactions and experiences many survivors endure. Then I will briefly review the latest research on intervention options for survivors. Finally, I will present two major ways in which a minister can effectively support survivors.

THE EXPERIENCE OF SURVIVING SUICIDE

Suicide survivors endure three types of suffering: grief over their loss; trauma caused by intellectual, psychological and spiritual confusion; and social isolation, often due to the stigma surrounding suicide.

Grieving a Suicide. Suicide survivors grieve like most people suffering the loss of a loved one, but with more complex reactions. Survivors, like most bereaved people, feel love, sorrow, often abandonment and even anger at their loss. Beyond those emotions, suicide survivors can feel disgust at the destruction of life and, especially if the loved one was relatively young, at the waste of a life. They also feel rejection: The loved one completed suicide rather than sought or accepted help from them to stay alive. The loved one wanted to die rather than live with the others around them. That is a painful realization.

Guilt is an especially strong feeling for suicide survivors, who tend to suffer from it more than do other bereaved people, the American Foundation for Suicide Prevention (AFSP) reports (published in 2003 and found on its website at www.afsp.org). Guilt is a curious reaction on the face of it, considering that the loved one took their own life and most likely did this in a place and time that prevented anyone from stopping them. Other bereaved people sometimes blame themselves, realistically or not, for the death of loved ones — for example, “If only I hadn’t insisted that she fly home that day, she would not have died in the plane crash.” But survivor’s guilt goes beyond that. Most cases of suicide are caused by mental illness and seem preventable. This can make people, especially parents

and close friends, castigate themselves for “not seeing the signs” of suicide and taking — or not taking — measures to prevent the death. But survivor’s guilt can go beyond even that. Such thinking can allow a person suddenly confronting a world that is incomprehensible and dangerously out of control to see some semblance of order and rationality in events, as psychologist Robert Grant notes in *The Way of the Wound*. It is as if the survivor were thinking, “If I could have prevented this suicide, then the suicide is not totally senseless.” This would seem like a helpful stance for a survivor. However, Grant, adds, this trauma-based guilt emerges “out of avoidance and wishful thinking” because “most [trauma survivors] find it quite difficult to let go of the assumption that reality is understandable and that all important events happen for a reason.” So they blame themselves rather than risk living in a world in which “many events are random, without explanation,” where loved ones kill themselves rather than seek help.

Experiencing Trauma. Grant describes trauma this way:

Trauma shatters illusions. Most importantly, trauma destroys the belief that “All is Well!” Trauma undermines abilities to cope....It also unquestionably demonstrates that victims are vulnerable...trauma reveals the ground of uncertainty and complexity lying at the base of anyone’s capacity to know and manage life.

Trauma involves life at its most demanding and most unfeeling. Those wanting to move on must find ways to cope. They are condemned to discover meaning in the face of confusion and adversity or be crushed in the process....Traumatic wounds...fling victims into places where they are no longer in control and thus forced to look at things anew.

Trauma demands new frames of meaning....Trauma involves life-altering events that strike at the foundation of an individual’s version of “self,” “world” and “God.”

Suicide survivors often feel completely broken: body — especially heart and mind — beliefs, trust, worldview. They feel smashed to pieces like china. In addition, questions overwhelm survivors. Literature on suicide survivors consistently states that this type of grief drives people to distraction as they try to understand why suicide occurred. The website of AFSP contains a sheet of frequently asked questions for survivors that recommends, “Struggle with ‘why’ it happened

Survivors can often feel lost, stunned, unable to concentrate, unable to think, floating like a particle in space with no anchor and no substance.

until you no longer need to know ‘why’ or until you are satisfied with partial answers.” Intellectual, psychological and spiritual confusion fills people simultaneously. Intellectually, they ask: “Why would this person I cherished do something so stupid, so unimaginably horrible? Why wasn’t I able to prevent it?” Few survivors know much about suicide, although depression screening in schools and other public places is slowly changing that. Media reports about suicide can provide an inaccurate perspective on the causes of suicide — for example, focusing on one triggering event or on the person’s membership in a group suffering discrimination. In addition, knowing that not all mentally ill people consider suicide adds to a survivor’s confusion about why my loved one completed suicide.

TRYING TO TAKE THE “BLAME”

Psychological confusion arises from the strong, conflicting feelings that survivors experience. Survivors can feel as if they are going crazy. At the drop of a hat, they are sobbing uncontrollably, as if their insides are crumbling and melting, coming out as tears. The next moment, they may feel rage at what the loved one has done. Some try to suppress that rage by turning it on themselves in the form of guilt, trying to take the “blame” from the loved one and place it on themselves. Survivors can often feel lost, stunned, unable to concentrate, unable to think, floating like a particle in space with no anchor and no substance. They worry that the pain will never go away, that they might never feel “normal” again.

Spiritual confusion brings its own chaos to the suicide survivor. Where is God in all of this? Is there a God? Why wasn’t God able to prevent the suicide? Does God care? Why does suffering exist? Does God blame me for not preventing this suicide? Who am I if I can’t keep someone that I love alive? Can I trust other people anymore, or will they suddenly hurt me again? What’s the point of life if people with potential, intelli-

Many people experiencing normal grief might not benefit from grief counseling and might even suffer negative effects from it. Instead, counseling might be most helpful for people with complicated grief.

gence, good-heartedness and talent kill themselves? If life is precious, what am I doing with my life?

Enduring Social Isolation. The grief and trauma reactions can become compounded as social support dwindles. While wakes and funerals tend to be well attended, especially if the person who completed suicide was relatively young, suicide survivors, like other survivors of trauma, can become isolated once the public mourning is over. Care, concern and support can drop away rapidly. Survivors often don't know anyone who has had this experience, due to the silence caused by the stigma around suicide. Many friends, relatives, neighbors and co-workers also don't know anyone who has survived suicide and don't know what to say to survivors, which makes survivors feel shunned and the death unacknowledged. Survivors have very few people in their lives who feel comfortable thinking about suicide, never mind listening to their stories about complex, troubling emotions and thoughts. Some people blame the survivors for the death and gossip behind their backs. Others blame survivors for not mourning properly; they think survivors should not laugh and share memories of the loved one but only grieve.

Worst of all, some people who try to be kind and helpful say hurtful, offensive things such as, "This is all for the best," "It's God's will," or "God never gives us more than we can handle." No survivor thinks it is for the best. Many conclude that only a sick and sadistic god would cause or allow such suffering to happen to the loved one or to the survivors. Survivors hear about people whose lives and families fall utterly apart in the wake of a suicide, and they are terrified the same thing will happen to them.

Survivors are just ordinary people, although they are often unique among their circle of friends. They are dealing with what life has handed them the best they

can. They wish they didn't have to go through this experience at all. It is not their strength but their weakness that allows them to feel the depths of their suffering, go straight through the center of it and heal. However, without being able to tell their stories and explore their experiences in an environment of compassion, support and validation, survivors remain broken, confused and marginalized and develop psychological and physical symptoms that can threaten health and life. As Grant notes, "Suffering, disconnected from human support and a transpersonal context, is dehumanizing, debilitating, and destructive; for it is absurd and without meaning."

SURVIVOR'S GRIEF IS TRAUMATIC

Research on Intervention for the Bereaved and Suicide Survivors. Before turning to what ministers can offer suicide survivors, it is important to keep in mind current and developing research on grief in general and on post-vention for survivors, in particular. Ministers need to keep abreast of this research but should be careful how they apply it to suicide survivors. A case in point is the 2003 *Report on Bereavement and Grief Research* published by the Center for the Advancement of Health (CEAH). The CEAH noted a groundbreaking finding that appeared to contradict received psychological wisdom and practice: Many people experiencing normal grief might not benefit from grief counseling and might even suffer negative effects from it. Instead, counseling might be most helpful for people with complicated grief. Suicide survivor's grief is not necessarily complicated — that is, unusually long and drawn out, often accompanied by deep, unrelieved depression and preventing someone from living life normally. However, survivor's grief is traumatic, and untreated trauma can have serious psychological and physical ramifications, especially the possibility of suicide, which appears to have a genetic component. Consequently, the CEAH's finding — important though it is — does not apply to most suicide survivors.

In the previously mentioned report by the AFSP on the current state of suicide survivor research, the need for post-vention for survivors as soon after the suicide as possible is strongly suggested. The AFSP's report specifically identifies just one intervention treatment, survivor support groups, and notes, "Although

[[these] groups are considered to be helpful by many survivors, data about their use and effectiveness have been based on small, nonrepresentative samples." The effectiveness and need for other types of survivor intervention is currently under-researched. The CFAH report suggests what some of those other interventions might be: "Anecdotal accounts indicate that most bereaved individuals and families seek support outside the health care system (e.g., from family members, friends and religious/faith communities)."

From this brief survey of two important reports on grief and suicide survivorship, one can conclude that, although the need for and role of ministry has not been adequately studied — if at all — it is an option that bereaved people frequently use and that suicide survivors also have available.

MINISTRY TO SUICIDE SURVIVORS

Ministers can effectively help suicide survivors in two ways. In the immediate aftermath of a suicide, a minister can provide basic care: presence, acknowledgement, concern and support. And, second, through empathic listening and gentle exploration, a minister can help survivors integrate their suffering in the larger context of Christian belief.

Basic Care. The goals of basic pastoral care are to 1) acknowledge the death, 2) keep the survivors connected to their faith community, and 3) be present to and supportive of the survivors. Ministry begins immediately, with word of the suicide. A visit to the bereaved family is in order to accomplish the goals of this stage of care immediately and to help with the wake, if there is one, and funeral arrangements. If the minister is ordained, they might be asked by the family to preside at the funeral. At all public events and in private conversations with suicide survivors — family and friends — the minister gives evidence of God's loving presence in a tangible way. Among the helpful information and advice Mitchell and Anderson offer to ministers in their book *All Our Losses, All Our Grievs*, they caution against providing answers to questions people have about the death at this point. Ministers should acknowledge the validity of those questions, however.

If survivors do not seek further help from the minister, the minister should still inquire after their welfare when the minister sees them around the community. The inquiries need not be intrusive, but neither should they be rushed, preventing the survivor from answer-

It is important to keep in mind during this discussion of integration that, initially, the minister's questions should not ask survivors to do more than express their thoughts and emotions fully and freely.

ing meaningfully and being heard in an attentive, respectful way. Inquiries should be concerned solicitations about the survivor's health and well-being. In the weeks and the months following the funeral, survivors need to have their loss and new state of being recognized. They also need reassurance that people still care about them. This contact encourages them to stay connected with people and engaged with the world even as they frequently have to withdraw to feel and absorb their grief.

Assisting with Integration. For survivors who seek help, the minister during the first visit should perform standard counseling protocols for determining if the survivor requires medication and/or long-term psychological or psychiatric counseling. If short-term or occasional pastoral care makes sense, the minister should be an empathic, nonjudgmental listener. The minister provides a safe space and plenty of opportunity for survivors to tell their story and explore their feelings. The minister asks questions as necessary to draw out the aspects of the survivor's experience of loss and clarify them.

It is important to keep in mind during this discussion of integration that, initially, the minister's questions should not ask survivors to do more than express their thoughts and emotions fully and freely. Survivors will most likely repeat themselves in these early sessions, and the minister should allow that. When survivors appear ready to examine the implications and the consequences of their reactions, only then should the minister guide them toward integration.

During integration, survivors need care, support and empowerment to acknowledge these three realities: 1) the loved one is physically gone, 2) survivors will never be able to answer all the questions they have about this experience, and 3) survivors — and consequently, their lives — will never be the same. These

Many survivors are hesitant to attend a support group, and their hesitancy should be respected.

acknowledgements do not occur in any particular order, nor should they be forced onto a survivor who is not ready. It can take years for some survivors to accomplish integration.

ACKNOWLEDGING THE REALITY

The first reality the survivor needs to acknowledge is that the loved one is dead and is not coming back. This does not imply, however, that the survivor breaks all bonds with the loved one. In fact, recent grief research recognizes what the bereaved have known for years: One's relationship changes to the loved one; a significant relationship can never be completely eliminated from one's life. Most likely, a survivor will share memories of the loved one; if not, the minister should encourage the survivor to define the loved one not by their death but by their life. As David K. Switzer notes in *The Minister as Crisis Counselor*, a minister needs to be aware that some survivors become much more emotionally fixed on the cause of the death than on the death itself. They are so preoccupied with the suicide and their feelings of anger and guilt and shame that they do not allow themselves to experience the loss as such and whatever sorrow (or sometimes relief, or a combination of the two) is present. If this is the case, a minister needs to gently draw out other aspects of the survivor's experience so that they deal with all aspects of the suicide, including the loss itself.

The second reality survivors need to acknowledge is that they will never know exactly why the loved one completed suicide and why they couldn't see the warning signs or prevent it. Reaching this realization tends to involve two stages. First are the intellectual questions about suicide and its causes. Second are the existential and spiritual questions about the nature of life and living. In general, the minister should not attempt to answer the survivor's questions; survivors should be guided to find their own answers.

Because many survivors are ignorant of the causes and the warning signs of suicide and mental illness, the

minister should offer information and/or point them toward it, if they ask for or would seem to benefit from information about suicide or survivor's grief. The minister can recommend books and websites about suicide that the survivor can peruse. In addition, few survivors know others who have suffered such a loss. They often need reassuring contact with survivors, either through a book by a survivor or through a survivor support group. Both are beneficial. Many survivors are hesitant to attend a support group, and their hesitancy should be respected. As with other counseling situations, it is important for a minister to be familiar with the local organizations that offer services to suicide survivors. One avenue of seeming support I would strongly discourage is suggesting that a survivor speak with another survivor, one-on-one. In my experience and the experience of others I know, talking to another survivor who has no background in counseling is often not helpful. The other survivor tends to monopolize the conversation, offer platitudes and speak prescriptively.

ACCEPTING THE REALITIES

As for the existential and spiritual questions, a survivor needs to confront and accept a number of realities for healing to occur. First, life is uncertain, precarious and fragile. A minister can help a person develop a new or renewed appreciation for the everyday delights in life and accept death as a normal though painful part of life. A survivor often comes to a new appreciation for family and friends as gifts. Second, suffering is simply part of being human, without any discernable rationale. And, finally, related to that, survivors — and everyone else — have limitations. They cannot control others' actions and, more frightening, cannot master life, Grant notes. Accepting these realities without resorting to despair usually allows survivors to discover or reaffirm belief in God, the ultimate mystery grounding yet transcending all of life.

The minister can guide survivors to the realization that they need to live both with others and with God in order to endure the suffering that is a given in life and to gain meaning from it. In the long term, the minister also can help survivors "to accept life on its own terms," as Grant puts it — that is, accept the mysterious truth of existence and not the clichés, conventional wisdom and standard explanations that make life appear controlled and comfortable to non-traumatized people.

Finally, the third reality survivors need to acknowl-

edge for healing to occur is that they will never return to their previous state. As people after the Oklahoma City bombing on April 19, 1995, realized, and commentators after the September 11, 2001, terrorist bombings on the United States repeated, a "new normal" exists after a trauma. Life will never be the same. Those who lose a loved one to suicide have changed. They have experienced two losses: the loss of the loved one and the loss of the person they were before the suicide. Arriving at this realization takes courage. As I mentioned in the "Experiencing Trauma" section earlier, suicide survivors endure a frightening whirlwind of emotions and questions. They want nothing more than for everything to calm down and return to the way it used to be. Working with a caring, supportive minister who can "diminish the disabling power of trauma" is an important step in normalizing the survivor's feelings and reactions, Grant stresses. Normalizing feelings is important for two reasons. First, it gives survivors hope that they can heal from their wound. And, second, it allows them to step back and think about the meaning of their reactions and experience.

COMING TO TERMS WITH ANGER AND GUILT

Two of the most difficult emotions for a survivor to come to terms with are anger and guilt. Anger at the loved one and at God are always important to bring out if the survivor has them. Anger can reaffirm for survivors that they care about life and about connection with their loved one and God. Anger at the loved one often comes out in the tragicomic exclamation, "If he hadn't done it already, I could kill him!" This anger frequently arises from the suffering the loved one caused. Often this anger is proportional to the love the survivor had for the person because the suicide resulted in the total loss of intimacy with the person. In time, anger can soften and be replaced by feelings of compassion for the suffering that the loved one was going through and forgiveness for completing suicide.

Anger at God can sometimes make survivors conclude that they do not "believe" in God anymore. Actually, anger at God means engagement with and the potential for intimacy with God. Consequently, the minister should not try to suppress this feeling. After a time, this grief reaction gives the minister the opportunity to explore several beliefs the survivor has: Did God cause the suicide? Could/should God have prevented it? Where was God during the suicide? Where is God now?

What is prayer? Keeping in mind that a minister's primary task in these situations is to keep communication open between the grieving person and God, the minister should encourage the survivor to consider that God unconditionally loves both the loved one and the survivor, desires freely given — not forced — love in return, was with the loved one when they completed suicide and holds them in loving arms even now, and accompanies the survivor in their suffering.

Mitchell and Anderson remind us, "Those who grieve are most likely to believe that God has heard their pain and has been touched by it if they experience the presence of those who are willing to suffer with them." The minister not only talks about God but also mediates the presence of God for a survivor. As for prayer, the survivor should be encouraged to explore the many forms it can take beyond simply petition in times of crisis. As spiritual directors in the Ignatian tradition describe it, prayer at its best is an intimate dialogue between two friends or lovers.

DEBILITATING FEELING OF GUILT

In the absence of anger at God, guilt is one of the most debilitating feelings a survivor can feel. However, it also can produce the most dramatic change in a survivor's image of God, especially for survivors whose operative theology includes a punishing, judgmental God the Father. If the survivor is a parent, guilt will most likely be their predominant reaction to the suicide. Rational discussion of guilt has little or no effect on most survivors. Instead, the minister needs to reframe the feeling by placing it in a larger context. Asking the pastoral question, "What does God think about your guilt?", or suggesting that the survivor bring the guilt to prayer with God can help. More powerfully, though, asking, "Do you think God, as a parent, is feeling guilty?", can often jolt those suffering deep and long-term guilt feelings and encourage them to see that God (as a Mother as well as a Father) is suffering in union with them over this suicide. It can also put them on the road to forgiving themselves and allowing the deep sorrow that guilt often holds at bay to flood in and be experienced and dealt with. The minister can then explore the same questions about God and prayer I outlined in the previous paragraph.

Over the course of a few sessions, the minister might notice and point out to survivors changes they might be making in their prayer. S. Amelia Stinson-

Wesley, writing about rape victims (in *Through the Eyes of Women: Insights for Pastoral Care*, edited by Jeanne Stevenson Moessner), describes the journey that many suicide survivors also walk. As survivors rethink their ideas about God and prayer, they, too, may move, as does the rape victim, "from a passive, immature relationship with God, in which she expected God to protect her, to a more mature, assertive relationship in which she recognized her own strength and responsibility to care for herself with God's help." Jesus Christ can become more than just the traditional Emmanuel — "God is with us" — of Matthew 1:23. Instead, the suicide survivor can see Christ as "a creative partner with us," gaining new insight into Jesus' final words in Matthew, "And remember, I am with you always, to the end of the age" (28:20).

In addition to developing a new perspective on God and prayer, suicide survivors also can develop a new perspective on others. Surviving their own suffering with the care and guidance of a minister can expand their capacity for compassion and empathy for others who suffer. As Grant says, "Suffering...demonstrates that all people are equal (in that they all suffer and can be broken) and that no human being, when s/he is wounded, can bear the human condition alone." Survivors can gain a new appreciation and acceptance of others and have the ability to interact with others at a deeper and more loving level because of their experience of the trauma and its healing.

A minister needs to acknowledge and help survivors recognize that the changes they have undergone are not negatives but positives. Although they will always be survivors of suicide, they are no longer defined simply by that experience. They have developed a new awareness of themselves and their relationship with others and with God. They bring an intentionality to living that accepts the mystery of life with humility. They are richer, more resilient persons who can be tremendous blessings and gifts to the world, if they choose.

CONCLUSION

The traumatic grief experienced by most suicide survivors can overwhelm them psychologically, intellectually and spiritually. It can be compounded by social isolation. Many survivors find relief and healing through reaffirming, or discovering, a transcendent power — God — that brings solace and meaning to an

experience that is beyond understanding and control. Because a minister consciously lives in the transcendent mystery and love of God every day, a minister can provide survivors with the human care and the compassion that keep them connected to others and God that allow them to experience fully and freely their grief and confusion in a safe place and that empower them to integrate their loss in a life-giving way.

Thanks to the compassion, support and empowerment provided by a minister, a survivor can become more compassionate and empathetic, reaching out in love to others who have suffered losses, not just those caused by suicide. In this way the survivor, too, can become God's presence in others' lives. Thus, God's community of love — the reign of God — expands, bringing healing to the world.

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